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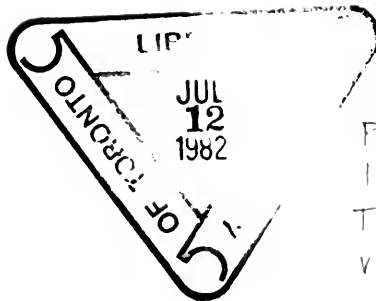
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# The Trained Nurse and Hospital Review

VOL. XLVII.

NEW YORK, JULY, 1911

No. 1

## On the Management of Children Predisposed to Nervousness\*

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WHETHER a person becomes nervous or not depends upon two great factors: (1) The constitution which he inherits from his parents and through them from his ancestors generally; (2) the influences to which his body, especially his nervous system, is exposed during life and particularly during childhood. There will always be differences of opinion among serious students of the subject as to the relative importance of these two factors; some assume that heredity or nature is the all-important factor; others maintain that this is relatively insignificant and that environment or nurture accounts for everything. Both views are one sided. Both nature and nurture are of fundamental importance and only by considering the two aspects of the subject fairly can sound ideas ever be arrived at.

Heredity and environment overlap in one period of life. During early childhood the individual is usually under the educational influence of his parents and exposed to their example. Doubtless much that is sometimes attributed to direct inheritance is really due to the influence after birth, of imitation of the parents. Where the heredity is notoriously bad it might be well, as Oppenheim (1) suggests, to protect children who have the ill fortune to be born under

such conditions from the dangers of psychic infection in the parental environment; such children taken away from home and placed under more favorable conditions would have a better chance of counteracting the faults of inheritance.

In families in which nervous states prevail it is a matter of great interest to know in how far the nervous tendency can be overcome by educational means and especially to learn what to avoid because of its likelihood to injure the nervous system. Even in families in which no nervous taints exist in the parents or near relatives the children sometimes become nervous through faulty education, and there is a growing desire on the part of well-informed people nowadays to make sure that the means of education they provide for their children shall be such that the nervous system will be protected and strengthened rather than exposed to overstrain and injury.

One fact which has become ever clearer as medical knowledge has advanced concerns the nutrition of the child. Faulty feeding in infancy and early childhood may lead to such impoverishment of the tissues and such stunting of growth that the ill effects can never be recovered from in later life. A considerable proportion of the intellectual

\*Read before the Public Health Conference of the Medical and Chirurgical Faculty of Maryland, February 10, 1911. Reprinted from *The Bulletin*.

and moral inferiorities among our people is fairly attributable to imperfect nutrition at this early age. Fortunately, the public is now being so thoroughly educated to the importance of breast feeding for infants and of liberal and suitable diet during the early years of life, by family physicians and also through the excellent little manuals of Holt (2), Starr (3), Griffith (4) and others on the care and feeding of children, that it is not necessary to dwell at length upon the subject. Plenty of good, simple food, including milk, meat, vegetables and fruit, with avoidance of condiments, coffee, tea and alcohol, is approved by all authorities.

Many parents make the mistake of allowing the caprice of the child to influence its diet. We now know the foods that are suitable for children and, knowing these, the children should be provided with them in suitable amounts and should be required to eat of them, largely independent of choice. The child that learns to eat and digest all wholesome foods and who is not permitted to cultivate little food antipathies makes a good start and avoids one of the worst pitfalls of life with which medical men are very familiar, namely, a meticulous anxiety concerning the effects of various foods, all too likely to develop into a hypochondriacal state.

There is a greater recognition now than formerly, also, of the fact that children should not be too tenderly brought up—that a certain amount of judicious hardening of the body is desirable. While faddists and extremists in this direction fall into grievous errors, making their children go barefoot and barelegged in the snow and compelling the feeble non-reacting child to take plunges in ice-cold water, a still greater mistake is made by those who over-protect their children and who fail to accustom their bodies early to cool baths and to exercise in all sorts of weather.

The child who is brought up in such a way that he is very sensitive to slight changes in temperature is bound to suffer from it sooner

or later, and every one is familiar with those who grumble at the weather. If children be suitably dressed and are early accustomed to taking a cool bath in the morning and to walk out of doors every day, rain or shine, and whether it be cold or warm, the skin and nervous system quickly acquire a tolerance for variations in temperature most desirable for health and for the feeling of well being.

An out-of-door life for children also leads them unconsciously to exercise their muscles more than is possible for the child who stays indoors. Not only physicians but also laymen from the old Greek times to the present have been impressed with the importance of bodily exercise and harmonious muscular development for the welfare of the mind and of the nervous system. If we wish our children to be strong, energetic and courageous, if we desire to insure them against the nervous ills which follow in the wake of debility, inertia and timidity we must see to it that all the muscles of their bodies are systematically and regularly exercised. For this purpose the plays of children are very important, and the only child, deprived of the companionship of brothers and sisters, unless pains are taken to supply other playmates for him, is much to be pitied. Besides play, walking, running, rowing, riding, swimming, paddling and sailing are all desirable forms of bodily exercise. In cities, and especially during the school year, systematic gymnastic exercises, calisthenics have to be resorted to, and where no suitable gymnastic exercises can be obtained parents will do well to teach older children some forms of exercises to be taken in the early morning. One of the best of the various systems worked out is that of a Dane, one J. P. Müller (5), who in his little book, "My System," outlines a series of exercises which any one may carry out in his own room without apparatus. These exercises are physiologically well devised and I can recommend them heartily, not only for older children,

but also for both men and women who have to compress the exercises of the day into a very short period. The exercises recommended in this country by Luther Gulick (6), by Tait McKenzie (7) and others may also be mentioned. I would call your attention also to the works of Lagrange (8).

An anxious mother will often ask to have her nervous child excused from regular exercises at school. This is usually a mistake, for nervous children, even more than normal children, require systematic muscular exercises. It should, of course, be properly regulated, and where there is any doubt as to the reliability of the supervision of such work at a school gymnasium definite instructions should be obtained from the family physician as to the character and amount of exercises to be undertaken.

While emphasis is thus laid upon suitable bodily exercise for children predisposed to nervousness, a warning should be sounded against excesses in sports like tennis, football, basketball and other games in which there is opportunity for competition or rivalry. Over-ambition in these directions is often most harmful both to the body and to the mind of the child, and should be especially avoided where there is any neuro-pathic taint.

In addition to the hardening of the body, the education of the child should include measures which increase the resistance of the child against pain and discomforts of various sorts. Every child, therefore, should undergo a gradual process of "psychic hardening," and be taught to bear with equanimity the pain and discomfort to which every one sooner or later cannot help but be exposed. What I have said about clothing, cold baths, walking in all weather and at all temperatures, play and exercise in the open air has a bearing on this point, for a child who has formed good habits in these various directions will have learned many lessons in the steeling of his mind to bear pain and to ignore small discomforts.

Physicians who work among nervous cases realize how often the child who has been too much protected from pain becomes the victim of nervous breakdown later in life. I have seen many a woman who could bear great sorrow, or suffer without flinching the pain of childbirth, who still had no tolerance for the little ills of life. In such cases it is the idea rather than the sensation from which the patient suffers, and such abnormal ideas most frequently arise in those who have not learned in childhood to bear pain well or to adjust themselves without complaint to the disagreeable sensations and experiences which are essential to a normal bringing up.

The boy who learns to tumble in a gymnasium, to stand the pain of boxing and fencing and wrestling and to keep his temper while engaging in these exercises will have subjected himself to a training which cannot help but stand him in good stead later on in life. One reason why women are more prone in later life to nervousness than men may lie in the lessened opportunity which girls have for bodily and psychic hardening in the games which they play and the life which they lead as children. Particular care should be taken with young girls who show any tendency to nervousness to see to it that not too much concession is made to their likes and dislikes. Nothing can be more harmful to them than the gratification of caprice. Especially when a child shows a tendency to be nauseated by certain smells and tastes and to complain of noises or of sensitiveness to bright light the family physician should be consulted and, provided no actual disease of the sense organs or brain is responsible, the process of psychic hardening should at once be begun.

Neglected, it is surprising to what vagaries such hypersensitiveness may lead. A lady recently consulted me on account of a most distressing taste, asking that "in the name of mercy and pity" she should be given some help and told how to overcome an

obsession which distressed her. The sound of her husband chewing at table completely upset her, and when he smoked the noise made by the puffing of the smoke was torture to her; the creaking of her mother's shoes as she walked about the house made her most uncomfortable during the period of several months. Obviously the abnormal idea in such a case caused the suffering, not the sensory impulse itself.

Another patient, a gentleman, who has had repeated nervous breakdowns, told me that they always begin in the same way. After a night of insomnia he will suddenly become unable to bear a strong light and in lamplight he complains that he has a sensation of pressure in the head and an inability to relax his limbs. He feels at such times as though he will lose his mind and that he must have some relief or he will have to end his life. In one of those

attacks in early life he stayed two years in a dark room and only at the end of that time would consent to remain in the light. Obviously here, too, it was not the sensation of light but the idea that the light would injure him which was the kernel of his condition.

Examples like the two just mentioned could easily be multiplied, but they will be sufficient to indicate the direction in which the psychopathic nervous system may easily tend. While in severe cases like these just referred to the patients undoubtedly started out in life with abnormal nervous systems, it is quite conceivable that a judicious hardening in early life might have prevented the later shipwreck. I cannot too strongly recommend, therefore, the acquisition of tolerance of disagreeable feeling tones as early as practicable in life.

*(To be continued.)*

## What the Tuberculosis Campaign Has Accomplished

MABEL JACQUES

IT SEEMS but the other day that the tuberculosis workers throughout the world were preparing for the International Tuberculosis Congress in Washington, and yet almost three years have slipped by and preparations are under way for a similar gathering in Rome next September.

To those who were present at the Washington congress in the fall of 1908, and who had the privilege of listening to papers read by authorities from almost every known quarter of the globe, it seems practically incredible to realize that there could be condensed greater enthusiasm or displayed a more startling and efficient exhibition of the world's effort than that housed in the new National Museum, at Washington, during the session of the above mentioned congress.

And yet, at that time, the work was very

much in its infancy, even in many of our own large cities, though the old world could in most instances boast of a much longer period of activity.

But in these two years and a half the advancement in the work has been almost phenomenal, and those who are fortunate enough to go to Rome this fall will probably be more than astonished by the vast amount accomplished during these few years.

The Washington congress did, without doubt, an untold amount of good, and it is quite certain that the competitive spirit which it aroused stirred the world on and aided, above all, in two great results, namely, the furtherance of work already begun and the initiating of similar work in localities heretofore lacking in such activities.

There is no city today of any size and few

small ones that have not a tuberculosis association, be it an independent organization or a branch of some larger one. Even many of the small villages throughout the country are recognizing the necessity of systematized work in fighting the disease, and have organized their local committees to investigate the situation, and plan for the relief of those afflicted and the prevention of the further spread of the disease in the community.

In the work of these associations nurses have taken a very large part. The various committees of the associations may plan, suggest and raise the money to carry on the work, but it is the trained nurse who has, in the end, accomplished the most, for she is the field worker, laboring untiringly in the homes of the poor, among whom the greater percentage of the disease is always to be found. It is she who risks health and future in her efforts not only to care for those afflicted but, by her instructions and careful supervision, to prevent infection.

In but few instances are these nurses supported by the tuberculosis associations, their services usually being guaranteed through the generosity and interest of the local district visiting nursing society.

At least, this was the original plan and the one most generally being carried out at the time of the Washington congress. But within the past two years the work begun by these associations has so clearly demonstrated its usefulness and necessity to the municipal governments that in many instances the latter have undertaken the support of a corps of nurses for this particular work, under the direction of the health officer of the city, thus relieving the district nursing associations of both the expenses and responsibility connected with the work. This has, without doubt, been one of the most important steps accomplished since 1908, for at that time there were but a few of our very largest cities which had municipal nurses.

Another mark of progress is the increased number of sanatoriums. In 1908 most of the institutions were State affairs, but of late the pressing need for greater sanatorium facilities has become so evident and the enthusiasm aroused by the agitation of the tuberculosis movement has grown so widespread that the municipal governments are still further lending their aid to this international work by building special hospitals and sanatoriums for the accommodation of their tuberculous citizens. Trades unions, beneficent societies and secret orders are also recognizing their duty to the community, and are building, or are planning to build, institutions for the accommodation of their members. The federal Government has to a certain extent entered the campaign by building and supporting sanatoriums for the men of our Army and Navy, but I regret to state that so far our national Government appears to feel that here its duty ends, for no steps have yet been taken toward the erection of national institutions for the treatment of tuberculosis, such as Germany and some of her sister nations of the old world have already, for several years, maintained.

An increased corps of medical examiners, throughout the country, both for tuberculosis work alone and also among schoolchildren, is another adjunct of marked importance since the last congress.

The departments of education in various cities have recognized both their responsibilities and opportunities offered them to assist in the prevention of the disease by instituting in connection with their departments open-air schools for children who are poorly nourished and who, after careful medical examination and home investigations, may be called "suspicious cases."

The general attitude of the tuberculous patient has also changed very greatly. He is no longer afraid to admit that he has the disease. The hopeful side, which had already begun to assert itself to a very great extent in 1908, has even in this short period

assumed a still more hopeful aspect. Even among the very poor and uneducated we find a patient assuming a most sanguine manner very quickly, after being made aware of the nature of his illness. The fact that more and more the physician is being trained to recognize the disease in its incipient stage is quite likely one very great reason for this condition having arisen. The increased number of incipient patients discovered adds naturally to the list of cures which are brought to the knowledge of the public, tending to strengthen its belief in the ultimate recovery of those following the systematic course of treatment prescribed.

The attitude toward the patient is also one that needs special mention, for in this there has been a very radical change. There no longer exists the fear and repugnance of association with the tuberculous person, which was the result of the first strenuous wave of prevention sweeping over the country.

People are learning that because their next-door neighbor has tuberculosis there is no particular reason why it should follow that they should contract the disease. The principles of fresh air, sunlight and proper ventilation have literally been preached from the house tops, the efficiency of their capacities as germ destroyers becoming so familiar that a more and more sensible understanding of the situation has been brought about, though the dangerous character of the disease has in no way been made light of.

But the question (whether openly expressed or not) which is constantly presenting itself to the mind of the laity is practically this: Is the disease, about which so much is being said and written, diminishing or increasing?

Statistical reports from most parts of the country show an increase in the records, but this may quite easily be explained by the fact that there exists in most States a law

making it compulsory for a physician to report at the local health department any case of tuberculosis coming under his care.

But even with this explanation the question may quite likely follow as to whether there is a favorable outlook for the decrease of the disease.

It must seem that the ultimate result of such an active campaign as now exists should be the accomplishment of the end most desired, but there exists, I am sure, in the minds of most of those actively interested in the work a knowledge of the incompleteness of the system, and an idea, which may even be a little indistinct in its formation, that fundamentally there is still lacking about this vast movement what may appear to many as almost an indescribable something that, if the situation were properly analyzed, would present to one's mind the fact that as tuberculosis is a disease which the greatest of authorities on the subject admit to be due to the results of poverty—namely, lack of sufficient food and clothing, and unhygienic living conditions—all the institutions, all the sending of patients to institutions, all the segregation and all the giving of so-called relief will be of no lasting effect or accomplish no satisfactory results until the phase of civilized living is more equalized; until these very people who are harboring and breeding the disease that the entire world is more or less interested in fighting shall be paid a wage sufficient to enable them to feed, clothe and house themselves properly.

I have not been fortunate enough so far to see a copy of the programme of the coming International Tuberculosis Congress in Rome, but I trust that among the valuable papers which will be presented and discussed the importance of this fundamental principle may be recognized to such an extent as to be given proper place and time in the procedure.



# Diet in Typhoid Fever

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IN ANY condition, there is the general indication to give enough nourishment, and not too much, except as we may need to correct existing excess or deficit. In diseases of the digestive organs themselves there is the further and somewhat contradictory principle, that the food administered must not increase the disease process or retard recovery. It can be easily realized that the relative importance of these two indications differs materially under different circumstances. In a serious but brief attack of diarrhea, gastritis, etc., unless the patient is already weak from lack of nourishment, we may discontinue feeding entirely until convalescence is reached. In a freely bleeding gastric ulcer the danger of death from hemorrhage or perforation into the abdominal cavity is so much greater than any conceivable need of nutrition, that we must suspend feeding, at least by the stomach, for a few days at least.

In typhoid fever, which makes a deep draft on the strength of the patient and which lasts for approximately a month, and yet which develops serious ulcers in the ileum, if we consider only one indication, we say, "Feed at all hazards," while if we think only of the other, we say, "Avoid risk of increasing the toxemia, of setting up hemorrhage, of causing the ulcer to perforate, whatever happens."

It is obvious that if we followed the former course we should be very likely to kill the patient, while, if we followed the latter, we should be equally likely to let him starve to death, or, indeed, short of actual starvation, to favor, by gradually failing source of strength, the very degenerative and toxic conditions which it is most important to avoid. Hence, the only rational conclusion,

that we must feed as nearly as possible up to the required limit, without doing actual harm, and, on the other hand, that we must spare the intestine—not to mention the fever-depressed stomach—as much as possible, without letting the patient get too close to the point at which, disregarding actual starvation, his nutrition is so low that toxemia and even sepsis is threatened, and that repair of the intestinal ulcers, as well as those that may develop as bed sores, is impossible.

First of all, it may be worth while to state that the notion which is apparently held by many nurses and some physicians that solid foods are dangerous in typhoid from the direct risk of poking a hole through an ulcer is not warranted. It is perfectly possible that an ulcer, just at the point of rupture, might be cut through by a core scale, a sharp pointed fruit pit, piece of bone, etc., and by no means unreasonable that any coarse, resistant food residue, such as imperfectly chewed nuts, the seed coats of corn, skins, stems, etc., would irritate and prevent the healing of an ulcer. With such exceptions, however, the question of whether a food is solid or liquid at the mouth has very little to do with its physical state and irritant properties twenty feet down the alimentary canal, the approximate depth of the typhoid lesions.

It is much more important to ask whether the food can be digested and absorbed, in a febrile condition, which diminishes the secretion of hydrochloric acid and pepsin by the stomach and probably interferes analogously with all secretory and motor functions through the alimentary canal. Even the danger of penetrating an ulcer by a sharp, indigestible food remnant is probably not so

great as the liability of rupture on account of distending the intestine by gas due to fermentation, or the addition to the disease process by putrefaction of meat, etc. If one compares a piece of hard, dry toast with a glass of milk, the temptation is to think of the former as something that might directly injure the bowel, and the latter as a soft, innocuous food. But after the former has been softened in the warm, liquid contents of the stomach and upper bowel for several hours and the latter has been coagulated by rennin in the stomach, we must reverse our views. The question then remains which is, on the whole, the more nourishing, and the less apt to putrefy, ferment or become rancid. Milk contains approximately 12 per cent. of nutrients, the remainder being mostly water. Bread contains about 75 per cent. of nutrients. The animal proteid of milk is, if not digested, more apt to putrefy than the vegetable proteid of bread. The milk sugar of milk is not very prone to fermentation, while the starch of bread is, if not digested and absorbed. Milk contains considerable fat, which is liable to become rancid; bread contains very little fat. On the whole, taking into consideration, also, the possible harmful action after digestion and absorption, it must be admitted that the toast is preferable to the milk.

The old custom was to feed typhoid patients on milk and meat broths. There developed much intestinal putrefaction, even the mouth becoming foul, fever and delirium ran high, abscesses or septic lung complications were fairly frequent, the course of the fever was at least four weeks, often five or six, unless the infection was extremely mild.

We now know that meat broths contain very little nourishment, practically none of a proteid nature, and that they do contain the poisonous properties of the meat, always undesirable and especially dangerous in a continued fever. Expressed meat juice, more recently substituted for broths, while not free from toxic properties, and liable to pu-

trify if not well digested, does contain considerable proteid nourishment—up to 6 per cent.

Without entering into technical details, it is well to have a basis of comparison of food values. It is difficult to estimate the exact waste of nourishment or of the tissues of the body, due to the fever itself. This is, however, easily equal to the consumption of nourishment to provide the force for ordinary light exercise. Hence, if possible, the typhoid patient should eat about the same amount of active food principles as a person in health, in professional or business life. Indeed, he really needs more, for experience shows that, when such a diet can be maintained, he will convalesce in a weak and emaciated condition. Right here, it is well to dispose of the popular conception that deposited fat is like money in a bank. To some degree it can be drawn on in an emergency, but it is never thoroughly satisfactory in this way. Many persons, for reasons not well understood, cannot utilize their own fat and, in various conditions, we not infrequently see persons practically starve to death before they become lean. A still more important point is this: if the body assimilates and uses any considerable amount of fat, whether from its own tissues or from food, highly toxic fatty acids are formed. Another point to be considered is that a very fat person usually has a weak heart and is, in general, badly prepared to withstand any sort of strain. Therefore do not console yourself that it will be a simple matter to carry a fat person through typhoid and that the diet is any less important. However, a moderate deposit of fat is of value, not only as a food supply but as a general index of nutritive ability on the part of the patient.

The standard day's ration of milk, supposing no other food were taken, is about three quarts. Unfortunately, very few persons can take this amount, and, if they could, the amount of milk sugar would be beyond the assimilative powers. Curiously

enough, however, the milk sugar is still far below the total carbohydrate (that is, starchy and sugary material) needed by the system.

The standard ration of expressed meat juice would be about ten quarts, which is far beyond the capacity of any one, and, besides, the nourishment would be of a one-sided (proteid) character and dangerous on account of toxic matters formed during its assimilation, if not by putrefactive bacteria in the intestine.

The standard ration of lean meat would be about  $3\frac{1}{2}$  pounds, less bulky than the extract, but even more toxic and still far beyond any practical limit of bulk.

Bread, crackers and pretty nearly any kind of dry cereal food, from any kind of grain or seed in common use as food, to the amount of a little over one pound, represents, on the whole, a satisfactory ration, with the food principles fairly well assorted and with about as little toxic danger, including that due to bacteria before digestion and elaboration in the blood after digestion and absorption, as can practically be secured.

However, it must not be assumed from these statements of theory, that the writer would dream of feeding a typhoid patient, or any other, on a pound of dry breadstuffs or cereals a day. There is no one food on the market, either for ordinary domestic use or especially prepared for the sick, that can be thus used. A variety is necessary, both to secure the proper stimulation of digestive secretion and to insure the proper assortment of food principles.

Getting down to practical considerations, the best diet for typhoid is about as follows: one quart of milk, representing about one-third of the ration; one-third of a pound of cereal food, using a variety of crackers, a little dry bread or toast, and different kinds of breakfast foods that melt to a cream or soft mush in water, representing another third of the ration. By adding to each day's feeding a cupful of beef juice, by giving part

of the milk as cream in very weak—just flavored—tea or coffee, or not too strong cocoa, and using a little cane sugar in addition, or by using ice cream to replace part of the milk, by giving a very little scraped and broiled (on a porcelain plate) meat as a substitute for the meat juice, by adding fruit jelly to water used as a drink, perhaps by introducing two or three whites of eggs a day, the other third of the ration can be pretty nearly made up.

This ration can be divided into about six portions, each consisting of a cupful (200 cc.) of milk or beef juice, remembering that part of the milk rations are given as cocoa or flavored with tea or coffee, or as a dish of ice cream, and that five such portions use up the quart of milk so that the liquid portion of one feeding will consist of beef juice or of a jelly drink with scraped meat added to the solid portion. Four ordinary soda crackers, a fair-sized piece of dry bread or toast or a shredded wheat biscuit, or an equivalent of some other cereal, represents the solid portion of each meal. The four-hour interval between meals affords a reasonable time for digestion and stomach rest, and, at the same time, "stokes" the body sufficiently often to maintain a nearly uniform supply of energy.

It ought not to be necessary to state that the nurse, better than any mere man, can vary the items of the diet, as by giving bread and milk for one feeding, coffee and one kind of cracker for another, toast sandwich with scraped meat, gelatin and whipped cream, cocoa, and some solid substitute for the original cereal for another, etc. On such a diet there is little danger of the formation of tough milk curds; indeed, the milk may be given as junket, or peptonized. The patient is more apt to get sufficient nourishment because he has the variety and the little surprises that make it more appetizing.

While, generally, it is better to use tea and coffee merely to flavor the milk, there are cases in which caffeine is indicated as a drug, and, in such, it might as well be given as a

beverage. The gelatine also has a distinct therapeutic value in hemorrhagic cases, and it may be combined with coffee as a stimulant, cautiously, or with fruit juice as an antiscorbutic. One little point that must not be forgotten is the need of moderate quantities of salt.

From the standpoint of the patient, contrast a diet so varied and appetizing with the regular recurrence of a nurse with a cup saying, "Here is your nourishment." Personally, I would rather have it called *grub*.

The writer ventured to say that the average case of typhoid nourished uniformly with milk and meat juice is not pure typhoid, but typhoid plus intestinal putrefaction, sometimes plus sepsis, sometimes plus scurvy. Excepting cases of exceptional virulence of infection from the start, those nourished on the milk-cereal plan, with variations of essentially the same food principles, and taking nearly, sometimes quite, the normal standard diet, rarely have a temperature above  $103^{\circ}$  after the first week, they are rarely delirious, the grooved, coated tongue and mouth with sordes, often spoken of as symptomatic of typhoid, are absent, if reasonable care is given to the mouth and teeth, and the patient defervesces in about seven-teen days.

There are stories of patients convalescent from typhoid thrown into a relapse, perhaps fatal, by one mouthful of bread, a taste of fruit, etc. These stories are myths, or, at most, coincidences. On the other hand, there is no question but that hearty indulgence in mixed food must be carefully guarded against during the first few weeks of convalescence. But, with the milk-cereal diet, the resumption of an ordinary diet is much more rapid than on the old milk and beef-juice plan. In the first place, the patient has had, throughout his sickness, substantially the same amount and kind of nutriment as he was formerly allowed during the first week after defervescence. Secondly, on the average, he has been in a state

of hyperpyrexia for three instead of four weeks (the seventeen-day duration usually being added to about three days ambulant or domestically treated sickness before the physician is called or a reasonably certain diagnosis made). Thirdly, the patient has had less elevation of temperature, toxemia and sepsis. Fourthly, he has had, on the average, two-thirds, often a full normal ration, instead of one-half or one-third, as under the meat broth and milk diet. He is, therefore, not only stronger, for digestive and metabolic work, in caring for additional amounts and kinds of food, but much less likely to go to an extreme in an unguarded moment, because he has not the ravenous craving of semi-starvation.

In closing an article of a radical nature a word of caution is necessary. The writer does not believe in any "system" of diet, or medication, that can be applied to all cases. The general scheme of diet must be carefully adapted to each case. For instance, cane sugar is a food of great value in health, in typhoid, in infant feeding, etc., but the ability to digest and assimilate it varies greatly, in all kinds of cases, and must be judged from actual observation, as of meteorism, diarrhea, sour breath or gastric regurgitations, etc.

An article on the diet in typhoid would be incomplete without an allusion to alcohol. Alcohol is never a true stimulant, though it may practically act as such by lowering arterial tension and thus removing a factor of resistance to the heart contraction. With a hard, tense pulse and cold extremities alcohol is often indicated. A very simple but valuable point in typhoid nursing is to put on mittens, socks, bed slippers, a soft garment or shawl about the shoulders, or to use a hot-water bottle, even if the temperature is high. The danger from elevated temperature is not in the extremities but in the viscera and deep parts. If the former are cold and their vessels contracted, local warmth dilates the superficial vessels and

thus, by allowing better radiation or even perspiration and cooling by evaporation, actually diminishes the aggregate temperature and, especially, that of the viscera. For the same reason, as well as the liability to shock, the writer has always opposed the cold tub bath—but this is another story.

Alcohol may act indirectly as a stimulant by its local stimulation of gastric digestion. It has been established that alcohol acts at its maximum in this way in a strength of about 3 per cent., and that at and beyond 5 per cent. digestion is inhibited. Thus, for this purpose, the dose of alcohol cannot be learned by rote but must be calculated from the amount of stomach contents. If, for example, the patient takes a cupful of 200 c.c. of milk, with a little added solid matter, we may estimate that, approximately, including some gastric secretion, we have a total volume of 300 c.c. Three per cent. of this is 9 c.c. Whisky and brandy are, approximately, 50 per cent. dilutions of alcohol, so that their dose would be 18 c.c., or about a tablespoonful. As about 50 c.c. of alcohol may be given daily, in small doses, without passing the ability of the system to oxidize it so that alcohol acts on the brain and nervous system as a drug and is eliminated by the breath unchanged, the above dose, repeated five or six times in twenty-four hours, is

checked by this method also as correct. As in regard to other ingredients of the diet, the use of alcohol must also be checked by careful observation. Patients are sometimes regarded as feverish, weak, delirious, and in need of alcoholic stimulation, when they are simply drunk from overuse of alcohol. On the other hand, a habitual user of alcohol may develop delirium tremens from the shock of typhoid infection, just as he may from the shock of breaking his leg. In such a case, for reasons not understood but empirically well established, alcohol is needed, sometimes in fairly large dose.

On exactly the same principle, the patient may be made more comfortable and may be spared a great deal of nervous strain by yielding to other habits, as of morphine, tobacco, tea and coffee. Individual judgment is required in permitting such continuance of a habit. Curiously enough smokers, when sick, often feel a repugnance toward tobacco, but if it is craved it is difficult to see why a slight indulgence should do harm, and, practically, a few whiffs of a cigar or cigarette are often found to prevent delirium and curb the upward tendency of the temperature. Analogously, a weak heart that does not respond well to digitalis or strychnine, or a deficient urinary secretion, may be brought up by tea or coffee. Chocolate is very similar in its action.

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## A CHALLENGE TO THE SOUL

RALPH WELLES KEELER

TO SEE opportunity and seize it, although the hand be torn by the thorns; to make vision the inspiration of purposed practical life; to recognize others as human like myself; to live the ideal to which I think my neighbor ought to attain; to be advocate of the good, the beautiful and

the true rather than caustic judge of error; to interpret my spiritual experiences into terms intelligible and real to those who watch my goings—this is life's solemn challenge to my soul today. With prayer for strength and guidance I pass the challenge on.

# Nursing in Neurasthenia

MINNIE G. MOORSE

A NOTED English medical writer, in emphasizing the need of cooperation between physicians and nurses, speaks of his difficulty in finding nurses especially fitted for the nursing of functional nervous diseases, saying that though the surgical nurse, the obstetrical nurse and the attendant upon the insane are given full and careful training, the well-prepared neurasthenic nurse is, as a rule, found only as a chance product. A nurse who desires special training along such lines ought to be able to obtain it without difficulty, since in the larger sanitariums a considerable proportion of the patients treated are nervous cases. But neurasthenic nursing, as a special branch of the profession, is not one likely ever to be overcrowded, since a life devoted to the constant care of such patients would be the most wearing that a nurse could select, and one in which only the strongest could continue long without some degree of breakdown. There is no other branch of nursing in which heavier demands are made upon the nurse's vital force, and it is without the variety and interest that serve as stimulants to the nurse engaged in general or surgical work.

Still, there is no ill that flesh is heir to that is more in need of skilled and intelligent nursing than neurasthenia; no disease in which there is a greater amount of ill-understood suffering, and in which there is more likelihood of mismanagement of the patient. The nurse who hopes to make a success of caring for neurasthenics needs to understand fully the nature of functional nervous disease, and the many ways in which it may manifest itself, and she is better equipped for her work if she also possesses such traits of character and personality as will fit her to deal with the over-

critical, the morbidly sensitive, the irritable and the depressed.

Neurasthenia is literally what the term implies—a nervous exhaustion, an enfeebled condition of the nerve cells, produced by an expenditure of nerve force greater than the supply, resulting in bankruptcy. Among the causes which bring about such a condition are long-continued overwork, especially when united with an unhygienic manner of living; constant anxiety, emotional excesses, severe shocks and intolerable monotony of life. The most deadly combination is that of overwork and overworry, which will seldom fail to accomplish the result. The cause of the breakdown has much to do with the treatment directed toward its cure, some patients requiring absolute rest, while others need change, new occupations and fresh interests.

The symptoms that may be produced by a case of nervous exhaustion are legion. As there is no part of the body which may not suffer from the enfeebled state of the nerves supplying it, any part, or one part after another, may be expected to show signs of weakness and lack of proper nervous control, while the organs themselves are otherwise in perfect health. General symptoms which usually appear early are difficulty in concentrating the mind, an uncontrollable irritability and fatigue out of all proportion to the exertion undergone. Other very common symptoms are headache, backache, disorders of digestion, painful menstruation, irritable heart, disorders of vision and easy fatigue of the eyes, sensitiveness to light and noise, impaired memory, sleeplessness and depression of spirits. There are often great apparent changes in the disposition, as, for instance, a loving and religious woman seeming to lose her faith and her affection for her

family. Patients frequently complain of "terrible thoughts" of murder, suicide or blasphemy; a pure-minded young girl will describe herself as irresistibly impelled to use profane language. Surprised and horrified at their symptoms, many victims believe themselves threatened by organic disease, insanity or moral degeneration. To the nurse, even more than to the physician, on account of her more constant association with the patient, comes the opportunity of bringing comfort to her by repeated assurances of the real nature of her disease, and the entire probability of complete restoration to physical, mental and moral health. For a nurse who accepts the responsibility of a severe case of nerve exhaustion will be called upon to minister not only to a sick body but also to a sick mind and spirit.

Such a nurse needs to have good, strong health and to know well how to safeguard it. She must have a regular amount of rest and fresh air, even if an appeal to the doctor be necessary to obtain it, for the drain upon her vitality will at best be very heavy. The confirmed neurasthenic, having become the center of her own universe, and absorbed in her own woes, often has little consideration for others; though she may realize it and mourn over it, in her diseased state of reason, imagination and will she is apt to allow herself to become a dead weight upon those who care for her.

A cheerful disposition is a valuable asset to the neurasthenic nurse. The truly helpful spirit of cheerfulness is not, however, the untried gaiety of youth, nor the self-centered state of mind that cares little for the trouble of others; neither is it a purely professional cheerfulness, put on as a part of the uniform. It is rather the serenity and optimism born of character growth toward the highest things of trust that, in spite of everything, "God's in His heaven, all's right with the world." Dr. Quackenbos, the psycho-therapist, says that success in suggestive treatment depends upon the high character

of the practitioner, and if in her attempts to cheer and encourage a patient the nurse's words do not "ring true," no one is more quick to detect and resent it than the abnormally sensitive neurasthenic.

Sympathy, a real interest in and concern for a patient, is never more appreciated than by the victim of nervous exhaustion. But it must not be a weak yielding to what Dr. S. Weir Mitchell calls "the morbid desire for some form of interested attention." To quote further from the same authority: "There is a measure of true sympathy which comes of kindness and insight, which has its value and but one. Does it help you over the hard places? Does it aid you to see clearly and bear patiently? . . . That is the truest sympathy." Real sympathy, or its lack, is usually felt instinctively, and if a patient becomes assured that doctor and nurse fully understand her case, appreciate the reality of her sufferings and are really interested in relieving them, it gives her a feeling of rest and confidence that is in itself a gain, and will aid in securing her cooperation in methods of treatment which may be distasteful to her.

Patience and perseverance are qualities especially needed by the neurasthenic nurse, for both will often have to work against heavy odds. No other part of the body recovers tone so slowly as the nervous system; the march toward health is often painfully long and slow, with relapses along the way which seem to throw one back almost to the beginning. The patient, unable to control either her emotions or her irritability, is often hard to manage and impossible to please, and the difficulties of dealing with other members of the household are frequently nearly as great. Only infinite tact can keep the atmosphere serene about the patient, and unwavering hopefulness is needed to successfully combat dissatisfaction and discouragement.

It may seem unnecessary to speak of such characteristics as personal neatness, a proper

use of English, and general good breeding, but careless and slipshod ways sometimes creep into the nursing profession, as into all others. The nurse whose dress and hair are always in order, whose speech is neither ungrammatical nor interlarded with slang, whose voice is trained to an agreeable pitch, and whose dignity, propriety and courtesy to high and low bespeak her true ladyhood, has always the advantage of her more careless sister, but never more so than in the nursing of nervous diseases, where the victims are so often of the most refined and sensitive type, rendered overcritical by disease, and easily antagonized by the lack of those little niceties which mean so much to the fastidious.

Other qualifications which are of especial value in the nursing of nervous patients are neatness and taste in caring for the patient's room and her belongings, ability to read aloud well, and knowledge of how to write an acceptable letter to an unknown correspondent. The more well read a nurse is and the more interests she has in common with her patient, the more she will be able to lighten the irksomeness of a tedious illness, in which the patient is thrown largely upon her for companionship in cases where the treatment is the extreme form of the rest cure, entirely so. The invalid is to be kept from thinking of herself and her symptoms, but she cannot be prevented from thinking at all, and the direction her thoughts shall take depends very largely upon her nurse.

Although the necessity for a generous supply of nourishing food to rebuild the enfeebled nerve tissues is especially great in neurasthenia, the desire for food is apt to be lost or greatly decreased, and the nurse who has the knack of preparing and serving the prescribed nourishment in an especially attractive manner will aid in no small degree in the restoration to health. The prettiest dishes and the daintiest linen in the house are none too good for the invalid's use, since an attractively set tray, especially if a flower or two or a tiny fern be added, is a great aid to

appetite. Skill in varying a monotonous diet is another great help. Large quantities of milk are often prescribed in nervous disorders, and when there is no objection to such a procedure it may be prepared in many different ways, such as with vichy, combined with clam or oyster broth, made into eggnog or milk shake, mixed with the stiffly beaten white of an egg and a little sugar and vanilla, flavored with a little coffee, made into cocoa, jellied with a junket tablet, or as ice cream. Even when there can be no variation from the plain milk, it may seem a little less monotonous to the patient if the manner of serving is not always the same—if it comes to her at one time hot in a covered bouillon cup, at another with crushed ice in a tall glass, and at still another in a fancy glass of delicate pink or yellow.

Massage and electricity are so frequently used in the treatment of nervous diseases that a nurse who is capable of properly administering both is a boon to both doctor and patient.

One great service that the nurse can do for the nervous patient is to teach her to relax. The average nervous individual is in a high state of bodily tension; lies down to sleep with every muscle rigid, holding herself forcibly on the bed; sits in the same fashion, perhaps with feet pressed upon the floor or hands clasped together with such force as to cause actual discomfort before the action is realized, and uses in the simple act of walking every atom of nerve force that she possesses. As one physician has put it: "She works harder sitting still than a man sawing wood." As she gradually learns the power of relaxation, not only is the expenditure of nerve force lessened, but rest becomes more possible, and the tendency to insomnia becomes much less. It also greatly promotes mental relaxation, the power to empty the mind and put away engrossing trains of thought.

Learning to control her emotions, or, at any rate, the outward expression of them, is



an art in which the average nervous invalid does not welcome assistance, regarding such attempts as cruel and unsympathetic. It is, nevertheless, a lesson which must be learned if the patient is to become again mistress of herself, and it is one in which the intelligent and tactful nurse can be of the greatest help. The same is true of the inveterate habit of the neurasthenic of constantly talking about her symptoms, which not only wears out the sympathy of the most devoted listener, but, by keeping her condition always before the mind of the invalid, tends to the intensification of present symptoms and the production of new ones. As most of the symptoms in functional nervous disease are subjective, a certain amount of description of them on the patient's part is necessary, in order to a proper understanding of her condition by physician and nurse. Furthermore, it is not well for an apprehensive patient, easily frightened by new symptoms, which seem to her to portend deadly disease, to hide them, dwelling upon and brooding over them in secret, to her own physical and mental hurt. Such a one should be assured by the understanding nurse that new symptoms that may arise are in all probability very common, and have no serious meaning; that it is best to speak of them at once, that she may be reassured and measures taken for her relief, and that the responsibility in the matter resting no longer upon her, she may put it out of her mind.

Neither scolding nor preaching are, as a rule, proper methods of treating emotional displays and unwholesome states of mind. Many patients have enough self control so that they can at times be gently reasoned with, and instructed how to help themselves, but some must be treated like irresponsible children. The gentle, tactful drawing away of the mind from depressed or self-centered thoughts to fresh and wholesome subjects for thought, new interests, and hopeful visions, will effect far more than sermon or reproof. And every victory over depression

and self absorption will make the next one easier.

Where a breakdown has been brought about by overwork, rest is, of course, the sovereign remedy, and where a too monotonous life has been the leading cause new scenes and fresh interests will effect much toward a cure. Where a great bereavement or severe shock has prostrated a patient time, combined with tender care, will usually enable her to readjust herself and to take up life again. But where an abiding anxiety which cannot be cured, and from which the patient cannot escape, has produced a breakdown, the outlook is less hopeful. Still, much can be done by building up the patient physically, keeping her thoughts as much as possible upon other subjects, and steadily and patiently endeavoring to implant in her a spirit of hopefulness, trust in that good which so often proves after all to be the final goal of ill, or courage to face the inevitable with a brave front.

Most patients wish to recover, and will make more or less effort to that end. Different cases require an appeal to different motives, to aid in arousing hope for and resolution toward recovery; the desire to resume work or social duties, family affection, the religious sense, the sense of duty, the desire not to be an expense, dislike of the tedium of illness, etc., all at times have their part in the regaining of health. Those patients whose physical or mental sufferings are so great that they desire death as a release from them can only be regarded with sympathy and tenderness. But patients are occasionally met with who more or less consciously resist recovery, and these are among the most trying cases that can fall to a nurse's lot. One type is the patient, usually not in a serious condition, who regards herself as an interesting invalid, and enjoys being the center of attention in a sympathetic household. This sort of patient should be allowed to receive no ill-judged sympathy, should not be permitted to talk of herself,

should have little attention paid to hysterical outbursts, and should be provided with ironclad rules for exercise, occupation and nourishment. For this sort of patient invalidism should not be made too pleasant. Another type, even more difficult to deal with, because the warp is in the highest part of her nature, is the patient who receives her illness as a discipline sent directly from heaven, from which it is wrong to attempt to escape. Treatment of any sort will avail little with this sort of patient, until, through the influence of some one upon whom she relies, she has been shown that the Creator desires health and happiness for his creatures, and that it is their sacred duty to do all in their power to keep themselves in condition to fill their place in the world as worthily as possible.

While in the foregoing the nervous invalid has been spoken of as being of the feminine gender, women are by no means the only victims, though they are the most frequent ones. The man who breaks down nervously

is even more to be pitied than the woman, not only because he is by nature less fitted for suffering but because he has fewer indoor resources for the days of invalidism, and because his necessary withdrawal from business life is more likely to have serious financial consequences. Children, too, are not exempt from the curse of unstable nerves, and the sight of a child in a condition of nervous exhaustion, without the self knowledge and self control of later years, and with the lesson of obedience to orders perhaps but half learned, is indeed a pitiable one. The nurse who can care wisely, tactfully and helpfully for a patient, whether man, woman or child, through the trying weeks or months of a nervous illness, is doing as noble a work for humanity as her Red Cross sister in the field hospital within gunshot of the enemy, and one which not only brings its own reward in the joy of success against heavy odds, but will win for her the undying gratitude and affection of the one by whose side she stood so faithfully through the dark days.

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## Games for Young Convalescents

MAY L. SELLANDER

**I**N a previous number of THE TRAINED NURSE kindergarten hints for amusing very young patients were given. Some of these suggestions, especially those requiring constructive skill, may be utilized for children beyond the kindergarten age. For older patients the following ideas may help the nurse to occupy the active mind of her youthful patient and wile away some of the weary hours of convalescence.

All children thoroughly enjoy playing games, and the promise of such pleasure often will help to get the bitter medicine swallowed without "fussing" or the dressing endured more patiently.

A favorite guessing game is played as

follows: The patient thinks of some object. The nurse tries to find out what the object is by a series of questions that may be answered by "yes" or "no." The guesses are usually limited to ten. Such questions as these will be good to start with:

Is the object in this room?

Does it belong to more than one kingdom?

Is it in the vegetable kingdom?

Is it in the animal kingdom?

Does it belong to the mineral kingdom?

Is it a manufactured article?

Is it used for food?

Is it used for wearing apparel?

Is it large?

By mutual agreement the number of guesses may be prolonged until both players acquire skill in asking questions.

The game of "Boxes" appeals to children of all ages. Arrange twenty-five dots in the form of a square, five on a side. Connect these dots with vertical or horizontal lines, which eventually will form boxes when joined with the other disconnected lines. Each player draws only one stroke at a time, and aims to get as many small boxes as possible out of the sixteen that may be formed. When a box has been completed, claim it with a mark or an initial.

"Hangman" is a game of the same type as "Boxes." The first player draws a line to indicate a branch, the next one a rope, then, in turn, the head, ears, eyes, nose, mouth, neck, trunk, upper and lower limbs are drawn, one stroke at a time. The player drawing the last stroke is guilty of having hanged the man. When the time for the fatal stroke seems inevitable, resort to adding embellishments to the drawing in the form of clothing, pockets, buttons, etc.

The little poem entitled, "One, Two, Three," by H. Bunner, suggests a way in which the old, but always enjoyable, "Hide and Seek" may be played in the sickroom.

If the nurse is too busy to amuse the child, there are a few simple games that may be enjoyed without a partner. Among these may be mentioned "The Spider and the Fly," "Fox and Hare," etc., purchased at toy stores for five or ten cents. Games of this type consist of a small colored picture covered with a series of paper partitions and encased in glass. Through this labyrinth a globule of mercury travels to a goal in the center. Before reaching its destination, the mercury is apt to break into several globules, never assuming the same shapes twice in succession, thus holding

the attention of the player for an indefinite period.

Japanese ring puzzles, obtained at Oriental bazaars and toy stores, will afford endless amusement for "grown ups" as well as children.

Picture puzzles from magazines may give hours of entertainment in solving.

Mount colored magazine covers on cardboard and cut the mounted pictures into numerous irregular pieces for the patient to reconstruct.

Following is a list of twisted letters, which, when properly arranged, spell the names of nuts.

1. Napce . . . . . Pecan
2. Taupen . . . . . Peanut
3. Damonl . . . . . Almond
4. Ebche . . . . . Beech
5. Tundhoug . . . . . Doughnut
6. Chykior . . . . . Hickory
7. Turnbeutt . . . . . Butternut
8. Bitferl . . . . . Filbert
9. Umtgen . . . . . Nutmeg
10. Talwun . . . . . Walnut
11. Ranco . . . . . Acorn
12. Aocuncto . . . . . Cocoonut
13. Etunpin . . . . . Pinenut

In the same manner twist the letters of names of trees, fruits, flowers, etc.

These suggestions may recall to the patient other games adapted to the sickroom, and save the little convalescent from wearily counting off the hours of the day or mentally calculating the number of stripes in the paper on the walls or estimating how many petals the printed flowers on the comforter contain.

Above all, the child is made cheerful, not temporarily, but for years to come, for some one has aptly said: "If you make children happy now, you will make them happy twenty years hence by the memory of it."

# Hospital Noises: What They Are and How to Prevent and Minimize Them

EDWARD F. STEVENS, A.A.I.

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THE RE is nothing more disturbing to the very sick patient than the continual clatter of dishes, the hum of conversation, the clicking of doors, the ringing of bells, street noises, etc. He wants quiet and grumbles if it is denied. One of the problems for the hospital architect is how to prevent noise or how to plan his hospital so that the noises will be minimized. This must be done in the planning; it cannot be done wholly by legends on the wall, warning the visitor, the doctor or the nurse to "keep silence," for in the nature of their work there must be conversation, there must at times be hurrying to and fro, the clinking of glasses and china. While the legend on the wall has its good effect upon a thinking person, many of the most annoying noises are caused from other sources than conversation.

With the modern fireproof construction, the hard-plaster finish and the necessary elimination of detail, the very walls become sounding boards to transmit even the slight noises throughout the building. But we should not have draperies which wave, gather dust and harbor disease germs. Neither should we have carpets, for the same reason.

The noises should be confined, as far as possible, to the localities whence they arise. If the elevator and the staircase are enclosed in one shaft, with a wide landing, so that it is necessary to pass a corridor door after leaving the elevator, and this shaft is not placed at the side of a private room, but away from it, much of the noise from this source can be avoided.

In a well regulated and well planned private house the kitchen is never connected

directly with the living rooms or even the dining room. Still, we see, even in modern hospitals, the diet kitchen placed directly opposite the door to a private room or ward, and the clatter of dishes going on many times a day. The diet kitchen and, in fact, all the utilities should be separated from the patients' portion of the building by swinging doors, which should be kept closed. In case the ward pavilion is very long, and the placing of the diet kitchen at the extreme end will not give the best service, then the diet kitchen should have enough space devoted to it to allow of a separate corridor, or at least arranged so that two doors must be passed from the diet kitchen to the main corridor. The same thing would apply to the sink room.

If a chart room is provided on each story of the building for nurses, much of the noises consequent to the consultation of the nurse and doctor is avoided.

Rooms for the delirious and dying patients should be provided at a distance, or isolated from the other wards.

If a ward is a maternity ward, then the nursery, the delivery room and the labor room should be isolated by at least two doors from the patients' portion, and at the extreme distance from the patients.

It is needless to say that the operating rooms and rooms connected therewith should be decidedly removed from the wards in a separate pavilion or on a separate floor.

Floor covering, too, has its function to fulfill in the prevention of noise. A terrazzo, granolithic or even wood floor is more noisy than linoleum, while linoleum, properly put down, is not only less noisy and more hy-

gienic, but it is also cheaper than terrazzo or wood.

The slamming of doors contributes largely to the unnecessary noises. This can be eliminated, or at least minimized, by placing a pneumatic strap, or even a cloth buffer, on each of the patients' doors.

The ringing of bells to call the nurses is another source of great annoyance. Why arouse the entire hospital when a silent electric light signal will be more effective. The modern calls for nurses, for internes and for telephones near by flash a signal to the waiting nurse or interne, and the light-sleeping patient is none the wiser. This system has been reduced to a very simple matter. A locking push switch on a flexible cord is placed in the patient's hand; when a nurse is wanted the button is pressed, which locks itself. This also lights a miniature lamp above the door of the private room, one at the desk of the head nurse, and a third at the desk of the superintendent, and is sure to be seen by some one. To answer this call and restore the switch it is necessary for the nurse to go to the very point from which

the call was sent and, by the insertion of a small key or sharp-pointed instrument, the switch is reset and placed ready for another call. The interne's call works in much the same way, only the call is sent in from the main office, and is flashed to different locations in the hospital. The interne, seeing his light or number illuminated, goes to the nearest local 'phone, calls the office and gets his instructions.

Some of the noises from the inside have been mentioned, but there are greater annoyances from the outside—from street cars, traffic on the street, close proximity to manufacturing plants, railroads, etc., and these should be seriously considered in locating the hospital, so that the patients may have the least disturbance from outside conditions.

Sleep, quiet, undisturbed sleep at night; sunshine, fresh air, good food, tastefully served; a pleasant and undisturbed outlook through the day, and always the devoted care of the attending nurse, mean more for the sure and speedy recovery of the patient than any amount of pills and potions in a less congenial atmosphere.

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### THE POWER OF WORDS

**W**E MAKE or mar our lives by what we say. Speak out—if it be kind and good to hear. Speak out today.

But if our passions rush into the tongue to send forth pain before the word is spoken, oh, refrain.

Oh, keep in mind that thought if not expressed cannot be heard, and that no power on earth can stop the spoken word.

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# If I Were a Young Graduate

BY AN OLD GRADUATE

**I**f I were again a young graduate of a hospital training school, with the ink just dry on my diploma, the flowers in my graduation bouquets not long withered, and the congratulations of friends still ringing in my ears, what would I do? What mistakes that other nurses have made would I try to avoid? How would I make my own life as a nurse count for the most? The answer to these questions depends to some extent on the individual nurse, her general make up and her responsibilities; but there are several things which I think I should try to do whatever my previous opportunities had been, or my responsibilities were.

Perhaps I might first tell what I would *not* do. To begin with, I would not settle down in a crowded city when I was fully convinced that there were already enough nurses there to supply the demand. I might take a case or two till I got a little money ahead, but settle down in an overcrowded locality permanently I would not.

I believe that the very first thing I would do would be to get some special experience along some line in addition to my general training. While I would aim to be a good all round nurse, I would also try to know how to do one special kind of nursing as well as it was possible for me to do it. I would do this soon after I graduated, because it is easier in many ways than to pick up stakes later on when one has accumulated sufficient material possessions to make moving more or less of a burden.

To me, maternity nursing has always been attractive. Patients may be prosy or cross grained, but a new baby never loses its interest. If I graduated in the spring I would be very likely to apply for a place in the corps of some of the floating hospitals or the summer hospitals which are now so numerous. I would try to learn all

I possibly could about the causes of infant mortality, about how to keep babies well and how to take care of them when they were sick. If I married, such special knowledge would be invaluable, and if I remained single I should be sure I would find abundant opportunities for usefulness, and a comfortable living.

If I were fond of work among the "lower half," I should write to some of the training schools or societies for particulars about training in that line of work, and I should not begrudge spending three or four or even six months in gaining instruction and experience that would certainly help me to make a success of that line of work.

Meeting, as I do, so many nurses who lead such circumscribed lives, working by themselves while on duty and meeting other nurses but seldom when off duty, I am impressed with the necessity of the young nurse keeping in touch with her own world, its ever-changing methods, its needs and its general progress. I should insist on owning my own magazines, and carrying them with me to pick up in odd moments. If I had to do without a feather for my hat or an extra silk waist every year, I should see that my "nursing" mind was not starved. If I were in temporary quarters, I would not try to load up with too many books, which are cumbersome to move, but I would systematically add one new book to my library each year. I would have a folding bookcase of my own, and gradually stock it with books on various subjects relating to my work.

I have in mind two nurses who graduated from the same school about fifteen years ago. One had inherited a couple of thousand dollars from her father's estate. Both had had good educational advantages before entering hospital work. One took up pri-

vate nursing after graduation. She was usually well liked by doctors and patients, and has been as busy as the average private nurse should expect to be. The other entered a New York hospital for supplementary training almost immediately on graduation. From there she went to take charge of a small hospital at a very nominal salary. But she read and studied and forged ahead along hospital and nursing lines. Better positions were offered to her. She has had less leisure by far than the first nurse, but she insisted on remaining a student and kept up with progress in her world. Today she has accumulated considerable property, has sufficient to insure her a living in case she is disabled, and has been able to lend a helping hand to scores of nurses. The other one lived to herself a narrow, circumscribed, unsatisfactory life. She has always had what nurses call "good pay," but has saved little. In talking with her, one wonders how a nurse with the start she had—the benefits of a refined home, good education, and a bank account to her credit—could possibly be so "limited" in her general outlook on life and its problems. What made the difference? Largely, I believe, the fact that one insisted on growing mentally, on feeding her mind, on owning and using her own periodicals and books, on keeping out of ruts. The other was content if she could secure cases at the regulation rate. She has probably been faithful to her patients, but she has missed the thing she chiefly sought for—money. She has earned much, but saved little, and helped other nurses little, if any. She is hopelessly in a rut—has long since ceased to progress and is in her mental make up decidedly limited and behind the times. Which kind of nurse do you want to be?

Speaking of saving money brings me to another point of very great practical im-

portance to the young graduate. Why is it that nurses are noted for their lack of thrift? Of all classes of women workers they surely have good opportunities of seeing bad results of extravagance and imprudence regarding money. Yet even among nurses who are kept busy in private work at \$20 to \$25 a week, with no one but themselves to provide for, every little while one meets a nurse who bewails the fact that she is "broke" or nearly so, or that she has saved practically nothing for the future. Why is it?

If I were a young nurse I should start as soon as I possibly could after graduation and save money to pay my first premium on a fifteen or twenty-year endowment insurance policy. The rates while one is in the twenties are low, and I should insure for at least two thousand dollars to start with. I should be ashamed of myself if I could not make enough over expenses to pay the premium on a two-thousand dollar policy. In a few years I should add another policy for one or two thousand dollars, so that, whether I married or whether I was single, in twenty years I should have at least three thousand dollars to invest. With three thousand dollars' capital or less, the nurse at forty or forty-five need not fear the future, so far as finances are concerned.

One thing I would not do if I were a young nurse. I would not run any risks by putting the money I had saved in the hands of stock brokers to invest. I should avoid get-rich-quick schemes of all kinds, and study to be on the safe side in any investments I made.

If I elected to remain a private nurse, I should try to establish a reputation for promptness in response to calls, and for getting along with the patient and family. Those two things mean much to the success of the private nurse.

# Insurance District Nursing in Brighton, Mass.

GRACE MARION PRUE, R.N.

IN JUNE, 1909, the Metropolitan Insurance Co., of New York, tried the experiment of providing district nursing for their policy holders in the "industrial insurance department."

This is a small weekly-payment insurance and carried largely by the poorer classes, who are unable to provide proper nursing for themselves, and who really need it the most.

Finding it most successful from both a financial and philanthropic standpoint, they extended this courtesy to other cities, and are now covering over 175 cities and towns in the United States and Canada.

Sending for the nurse in no way affects the policy. The policy holder is given a printed postal card, addressed to the nurse or assistant doing the nursing work, by the agent on his rounds, which they fill out and mail when they desire a nurse to call. Frequently the agent will notice something wrong and mail a slip, which they carry, for the nurse.

After the nurse becomes known they will come for her themselves, or come and ask for advice. Afterward they "lay in wait" for the nurse when she is known to be in the neighborhood.

Nearly all the obstetric cases send for the nurse previous to confinement for prenatal advice, and learn what is necessary to provide for the case.

The company not only provides a district nurse, but, when the nurse sees the family is entirely unable to care for the case during the visits of the nurse, she is empowered to provide a private graduate nurse during the acute stage. During the past year I have had three such cases: two double pneumonia, with pleurisy, with effusion, and an obstetric, with hemorrhages and

collapse. The physicians have all said the cases were only saved by the vigilance of the nurse. They would have been unable to provide such nursing and it was impossible to take them to a hospital.

They are also providing sanatoria for their consumptive cases, and literature to every policy holder on right living, personal care and cleanliness of body and home; simple and inexpensive sleeping porches for the home care of the consumptive cases.

The nurse in her visits, once confidence is established, is frequently able to drop a word of advice about mode of living or sanitation. She can notify the landlord or board of health of a violation of the law.

There can be as much valuable work done in social service as in the actual nursing, for we are living in the age of "preventable medicine." Often the cases are very poor or of foreign birth, and have no physician. I then ask one of the physicians who have offered to make free visits upon call of the local board of assistant charities. They are thus saved from becoming paupers by calling on the overseers of the poor for the city physician.

Many of the families I have followed up or provided a "friendly visitor," and so keep in touch with the family for many months. Many serious family problems are frequently solved and aided in this way.

When possible the company employs the nursing assistants already at work in the locality, as they best understand conditions and needs.

In the past year I have made 1,185 sick calls, the time spent at each varying from a short time doing a surgical dressing to all night with a critical case—the social service calls being not counted.



# Asepsis and the Power of Example

BY A SURGICAL NURSE

THE surgical nurse occupies a position of grave responsibility, and most surgical nurses realize it. They may or may not be good teachers of pupil nurses—many who are excellent, capable surgical nurses are not—but, so far as their responsibility for asepsis goes and for the general welfare and safety of the patient, most surgical nurses are devoted and conscientious about their work.

In the modern hospital, also, it would seem as if every precaution known to medical science had been taken that would contribute toward asepsis. Indeed, it would seem as if zeal for asepsis had led to a good deal of extravagance in the surgical department of some hospitals. Experience has shown that asepsis can be obtained with a very simple equipment. We have operating rooms and suites in which walls and floors are lined with marble, tile or glass, making it easy on the smooth surface to conduct frequent and thorough cleansing and difficult for germs to find a place of lodgment.

We have sterilizers of the most improved make. We have solutions in great variety, and no limit placed on the quantity to be used for chemical disinfection. Tables, instruments and utensils are cleansed with scrupulous care. Every article that approaches the field of operation must submit to baking, boiling or steaming or chemical disinfection. We have our unlimited supply (almost) of hot and cold sterile water, our face masks, rubber gloves, etc., all with a view to asepsis. It would seem with the equipment provided, such as is found in any average operating room, that infection of clean wounds would be a thing of the past—a thing almost impossible with the paraphernalia we have for destroying germs. Yet, somehow, the thing that seemed

almost impossible happens. Stitch abscesses are not so rare as we might wish they were. Quite recently a clean hernia wound on a patient from the very operating room in which these notes are being penned showed unsatisfactory symptoms and required dressing for several days. Occasionally, after clean laparotomies, "oosings" do occur. Redness and induration are not unusual in wounds which should have been clean. Patients do not die from these conditions, of course, but they suffer unnecessarily and have to remain in the hospital longer than they otherwise would.

When such things happen it is a common practice to blame either the nurse or the catgut. Yet one who assists half a dozen to a dozen different surgeons in the course of a week, cannot help but notice that these undesirable surgical conditions are much more common with some doctors than with others.

It is, of course, no part of a surgical nurse's duty to tell tales outside of the operating room, but, if the nurse withholds her name and that of the hospital, might she not be privileged to whisper to other nurses what her own eyes have seen and her own ears heard, and what she, in her heart of hearts, believes to be the reason for a good deal of the "oosing," the redness and induration, the—shall I say it?—pus in clean wounds.

We have on our surgical staff some of the most successful surgeons to be found in a city of over a quarter of a million inhabitants—surgeons whose technique is faultless and whose "aseptic" example is an inspiration to every nurse who comes into the operating room. But we have two or three "teaching" surgeons whose technique is far from being as perfect as their theory, and whose example is far from being a safe

guide for nurses. In fact, I find it constantly necessary to remind them to do as Dr. Blank teaches, but not as he practices.

When Dr. Blank is lecturing to students one may hear him dilating on the details of hand disinfection. You hear him telling the students they cannot obtain surgically clean hands without a preliminary scrubbing of twelve to fifteen minutes, yet you see him rush into the operating room himself, scrub his hands for less than three minutes by the clock, and proceed to operate. You hear him impress on them the importance of keeping their hands surgically clean throughout the operation by frequent rinsing in solutions and avoidance of things not sterile, yet you see the same man adjust his spectacles with his sterile hands, and without a pretense of cleansing afterward, proceed to sew up a breast or

abdominal wound. You see him give the stool on which he sits a jerk with his sterile hand, you see him even go to the blackboard and trace a drawing to illustrate conditions, and, though the bichloride solution is at his side, pay not the slightest attention to it. You see examples of these breaks in technique every day in our hospitals and clinics, and you hear the catgut or the nurse or the interne blamed when clean wounds become infected.

These are some of the every-day difficulties that confront the conscientious surgical nurse who is earnestly working to help pupil nurses acquire a perfect surgical technique, as regards asepsis. One careless surgeon can add immeasurably to the difficulty in maintaining asepsis, and yet, as a rule, such men are the last to admit that they made a blunder or that they could in any way be responsible for infection.

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## Nursing on a Colorado Ranch

EMILY HARRISON BANCE

WHILE traveling en route from Valdez, Alaska, to New York it was my privilege to spend five months in Denver, the beautiful capital of Colorado.

Denver is a mile in altitude and surrounded by miles of flat prairie land. Sixty miles away, outlined in magnificent grandeur against the horizon, loom the wonderful snow-capped range of the Rocky Mountains. The city, with its beautiful wide streets and fine parks with trees grown by artificial irrigation, is a revelation to Easterners.

Because of its high altitude, dry, sunny climate and fresh, pure air Denver is the abiding place of many people afflicted with tuberculosis. Nearly every home has at least one member suffering in some way from this dread disease.

Each house has its sleeping balcony, for

fresh air is essential and all houses, no matter how small, are very sanitary—the Denver plumbing laws being well enforced.

Several large sanitariums for consumptives, many of whom are refused admittance to the hotels, are an important acquisition to the place. These sanitariums are beautifully equipped, especially Oaks Home and Phipps's Sanitarium.

In Oaks Home the part of the building used for sick patients is called Heartsease—the balconies for outdoor sleeping being a prominent feature.

The part used for convalescents is equipped and managed like a hotel, with every luxury and comfort. Patients who are able are compelled to take walks every day, and are well fed on rare steaks, fresh eggs and milk.

After spending several weeks in Denver,

I registered at the Young Woman's Christian Association and in a few days received my first call, but it was not a tubercular case.

In directions received over the phone I was informed that the case was scarlet fever, and I was to leave on the 9 p. m. train for Sterling, a town two hundred and fifty miles from Denver, where some one would meet me.

The train was a local and I amused myself watching the Westerners board the train at each station. I reached Sterling at 2 A.M. A man in a big fur coat greeted me. There stood two long-eared mules hitched to a two-seated conveyance. The man hustled me in and away we went. We passed through the town and before I knew it we were out on the prairie, and soon the blinking lights of the town faded in obscurity. It was clear and cold. There was a bright, full moon, and nothing to be seen but miles and miles of flat prairie.

We drove ten or more miles, and I was beginning to feel a little nervous when a group of dark, shadowy buildings loomed up against the sky. We drove up to a barn, and, stiff and cold, I made my way up the path to the house. The door opened and I entered a large living room, and was welcomed by a farmer—a typical Western ranchman.

The room was large and well ventilated, and off this room opened another very small room. In it burned an oil stove, the window was shut—the air hot and close. On an immense feather bed, huddled together in the middle and covered with several heavy quilts and blankets, lay two little children, a girl of five and a boy of seven.

On the table and chairs and windowsill were numerous spoons, glasses, cups and gargling basins—all dirty and half filled.

Up to my arrival their father, a widower, had been taking care of the children.

After taking the temperatures—both were in the neighborhood of 105—I persuaded the

farmer to let me open the window, put out the fire and gradually remove some of the covering. When it came to bathing the children, I had quite a struggle before he would allow it. The little girl was apathetic, her pulse and respiration high, and I thought she would die that night. The boy was restless, but in better shape.

In the morning I persuaded their father to put up two beds in the large living room, for each child disturbed the other. The little girl would doze off, and then the little boy would kick her in his restlessness.

After moving into the large room things were much easier, and the children's condition began to improve. The doctor came in his auto every day over the prairie. He had several cases, miles apart, and he put on speed on the prairie, making good time.

I spent several weeks with these motherless children, and became very fond of them. We were in quarantine, and the housekeeper brought my meals around to the front porch. Everything I had was raised on the ranch—fresh eggs, milk, vegetables, honey, beef, pork and chickens. The children wouldn't drink sweet milk, so I gave them buttermilk.

At night I kept the milk on the stoop.

One night I heard a great clatter, and on looking out saw eight young colts on the stoop looking for something to eat. They ran away over the prairie, making a picture in the moonlight. Another night a coyote and several jack-rabbits paid us a visit—all curiosity.

There was no water in the house, and it was quite a novelty to go out and pump the water, which came up clear and sparkling from the well.

The clear morning air was fine and bracing, and the sunrise on the prairie was glorious. The horizon was one long rainbow of varied color, and as the dawn progressed the glow over the plains quivered and flared in varied tints.

One day I heard a great shouting, and the tramp of many feet. I looked out on the prairie and saw several hundred cattle driven by cowboys. The cowboys were well mounted, dressed in sombreros and buckskins, and well provided with whips and lassoes to keep the herd well together. The herd drove past and the shouts and halloos sounded fainter as they disappeared in the distance. I was greatly interested in everything that went on on the ranch. The chief industry was the raising of sugar beets, which is the source of considerable income to ranches in Colorado. The horses, mules, pigs, bees and cattle were all well cared for, and when meat was needed a pig or a cow was killed.

The two little Westerners gradually recovered, rapidly passing through the desquamating period to convalescence, and the time came to say good-by.

I took the trip from the ranch to Sterling by daylight, and it was not so mysterious as my first impression by moonlight.

I returned to Denver with its sanitariums and wide streets, theatres and autos. It seemed strange to be back again in a thriving,

prosperous city and know that out on the prairie in all directions were countless ranches with men, women and children leading an entirely different existence.

The life of the ranch, which is a pleasant novelty to a stranger, becomes monotonous and hard for those who are compelled to live that life. The wives of ranchmen lead a dull, hard-working existence, and toil from dawn till night. They cook for the farm hands, for servants are hard to get, bear and raise children and drudge all day. A trip to the city is a great event, but some do not get the opportunity to go, and life is dull and unvaried.

I often think of those two children, especially the little girl, and wonder what their lives will be. The boy, of course, will be free to live on the ranch or go to the city when he grows up. But—that little girl, with her clear skin, big gray-blue eyes and sweet, gentle disposition? Did my first hard week of nursing save her for a life of monotonous toil? Perhaps fate, who sent me to her that first cold, moonlight night, will be kind and send a bright future full of happiness to the little girl of the Colorado ranch.

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## MARRIAGES

The marriage was solemnized on Wednesday morning, April 5, at 11:30 o'clock, at the Church of Transfiguration (The Little Church Around-the-Corner), Fifth Avenue and 29th Street, New York City, of Claire Belle Moore, daughter of Thomas Moore, of Sebringville, Ont., and William M. Bligh, of Halifax, N. S., of the firm of Howard Bligh & Sons, of that city. The bride is a graduate of Brooks Memorial Hospital, Dunkirk, N. Y., and has been nursing in New York for the last two years. Mr. Wm. H. Roche, stepbrother of the groom acted as best man, and Miss Lillian White attended as bridesmaid. The bride looked charming in a traveling suit of tan, and carried a large bouquet of bridal roses. The bridesmaid was very becomingly attired in a tailor-made suit of gray, and carried a bouquet of

pink carnations. The happy couple proceeded from the church to the Grand Central Station in a limousine car, tastefully decorated with orchids and lilies of the valley, and boarded the train, en route for Buffalo, Niagara Falls, Toronto and Stratford. After a short visit at the home of the bride's father and other relatives, Mr. and Mrs. Bligh will leave for Vancouver, B. C., where they intend making their future home.

Miss Edith Poapst and Mr. William Wallace, both of Long Beach, California, were married March 23. Miss Poapst was formerly connected with the Mayo Brothers' Hospital, at Rochester, Minn. Mr. and Mrs. Wallace will make their home at Long Beach.

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# In the Training School

CONDUCTED BY CHARLOTTE A. AIKENS

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## The Training-School Committee

A CORRESPONDENT has written asking for some information as to the duties of the training-school committee. Twice within the last five years the writer has attempted an investigation into this subject, only to find that the duties vary with each individual hospital appealed to. As a matter of fact, the duties of the training-school committee appear to be just what the committee has a mind to do, or what the superintendent of the hospital or training school can get them to do.

"Could you," says the correspondent referred to, "through THE TRAINED NURSE columns, make any suggestions as to what are or should be the duties of a training-school committee? Ours is a committee on paper only. It meets to decide upon a matter of discipline or administration, if I call upon it and tell it what to do or say. Should it not to some extent make itself responsible for the curriculum? Is there any way by which it could be induced to correspond with other training-school committees and get new ideas? Could it get any help from others as to standards or policies governing schools of similar hospitals? In short, could not a training-school committee be expected to share some of the responsibilities of the superintendent, and assume certain definite duties looking toward the betterment of nurses' training? Instead, it is too often a board to criticize only in matters in which it has made no effort to improve conditions."

One great difficulty with the training-school committee of a voluntary board is

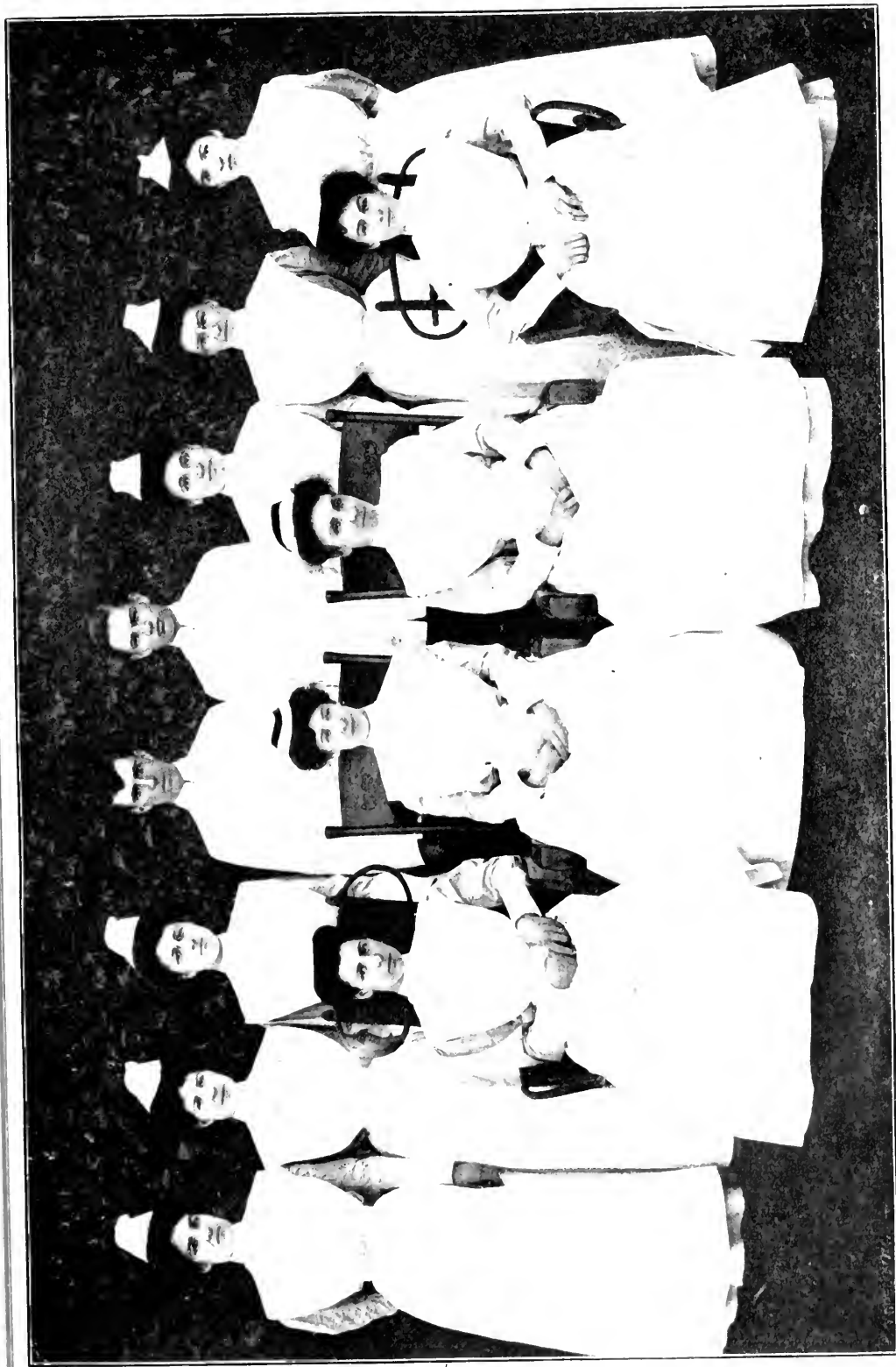
that the committee is changed from year to year, and each new committee has to learn what it can about training-school needs and policies, only to find the personnel of the committee changed before it has its duties well in hand. This is not always the case, but it very frequently is.

In some hospitals all applications for admission to the training school must, with their recommendations and credentials, be placed before the training-school committee for its approval. When the probation term has expired, the candidates are presented in person to the committee and formally accepted, signing the agreement in the presence of the superintendent and committee. When they have been thus formally accepted as a pupil of the school, they may not be dismissed for any reason without the consent of the committee. The superintendent, of course, has power to suspend.

It may be argued that since the committee has had no opportunity to observe the probationers at work, its opinion as to the candidate cannot be worth much. Yet, since the board in the last resort must be responsible for the acts of the nurses whom it puts in charge of the patients, it is a good thing for the committee and for the probationer to thus meet. The rule that no pupil who has been accepted may be dismissed without the approval of the committee safeguards the rights of the pupil, prevents hasty action, and should prove a handicap to no one. There are cases in which the committee has refused to accept the superintendent's recommenda-

Still another committee, on the suggestion of the superintendent, became responsible for the expense of securing teachers to come in from the outside to give courses of instruction in dietetics and massage. It is safe to say that many other committees would be willing to do the same were the matter suggested. Much depends on the tact and leadership of the superintendent.

Mr. Margaret Hughes is substituting at the ~~Montana~~ Home, Helena, Mont., for Miss Olive People, who is away on a vacation.



CLASS, 1911, SOLVAY GENERAL HOSPITAL, DETROIT, MICH.





in restricted areas). But the social evil will be practically as great as before when venereal disease is controlled and prostitution scattered. It can be attacked only in the individual soul and by the individual soul overmastered by God."



### **The American Nurse's Opportunity**

NEVER before have so many doors of opportunity stood wide open before the graduate nurse who leaves the hospital seeking for a sphere of usefulness and a living. The cry of overcrowding in the nursing profession, which is occasionally heard, while not exactly a false cry, is still far from the truth. In the city of New York, in which many post-graduate schools of nursing are found, the condition of overcrowding probably exists, yet is it not just as true of most other lines of work?

Competition in every line is keen. Yet within the past year we have heard from nearly a score of cities of from about 100,000 population to 500,000, and the reports are that nurses are kept busy, and new graduates readily find employment.

Then there are hundreds of towns of 3,000 and upward in which a nurse would be kept busy the greater part of the year, in which her expenses would be much less than in large cities, in which she, if she proved of the right temperament, could find comfort and a good living; and besides have a social life such as few nurses in large cities have.

Besides, there are all the newer openings along social-service lines which need yearly recruits. The movement for prevention of infant mortality calls for a larger number of "baby" nurses every year. Health departments are now employing hundreds of nurses in the campaign. A nurse who has the training and the qualities that make for success in this kind of work will be sure before long to find a field for service which is full of possibilities. A few months spent

in securing special training for this form of nursing, after graduation, will be well spent.

The tuberculosis work grows with leaps and bounds, and more and more are nurses proving themselves indispensable to successful results. Post-graduate opportunities are constantly being offered along this line, and the young graduate who decides to get into this great worldwide campaign can be pretty sure that the world has need of her and is willing to assure her a living so long as she proves her value in such work.

School nursing has not grown quite so rapidly in the last few years as at first, but it grows nevertheless, and more nurses are needed every year for school positions.

Opportunities for visiting nursing are on the increase, and post-graduate training in this line may readily be obtained.

All of these lines of work are specialties which require special preparation. We are gradually coming to see the impossibility of preparing a nurse in two or three years so that she will be fully equipped to enter any of these widely differing lines of work. The hospital course, be it two years or three, is the beginning of the nurse's training. It does not and should not be expected to complete it. With a proper course of lectures and some experience in dealing with private patients, the hospital course should give a nurse a good working knowledge of general nursing. If she desires to specialize along any of the different lines mentioned she should seek special preparation.

Another point which should be borne in mind is that experience in these specialties counts for much. Very often the young nurse, inexperienced with life or in the special line of work she desires to enter, expects a salary at the beginning such as a woman of forty with years of experience behind her is receiving. The laborer is worthy of his hire, but the young, inexperienced nurse is not worth the salary in these



theories into notice on the slightest provocation. Let a question be asked, the sycophant is ready: "I should like to have Miss Blank answer that, she is an authority," and so on. Their theories are apt to be spoken of as "professional obligations." Hence, when they fail to secure the following they desire we find them exclaiming: "Those women who now in increasing numbers go into new fields and fail to meet their professional obligations are among our most stubborn problems."

Let us be thankful for the kind of stubbornness displayed by the women who represent the strength and stability of the hospital and nursing ranks, who give the best of their time and energies to "the work for which they are paid." We are not advocating narrowness or exclusion. It has been abundantly demonstrated that the American people, including hospital and nursing people, will quickly respond to intelligent leadership—leadership of the right kind, and no class of people is more ready to adopt practical, workable ideas that will improve the care of the sick than are American hospital workers. But we do seriously protest against the appellation "nurse Pharisee" being applied to those women who are faithfully and unobtrusively carrying on their ministrations to the sick, and who demonstrate their sanity and intelligence by remaining unmoved by the attempts of the nurse bosses to whip them into line.



### Georgia L. Sturtevant

Miss Georgia L. Sturtevant died May 6, 1911, at her home in Melrose, Mass., after a long illness. With the death of Miss Sturtevant there passes away a woman who took an important part in making hospital history in the United States. Miss Sturtevant was for thirty-three years the able and efficient matron of the Massachusetts General Hospital.

In 1862, the second year of the Civil War, Miss Sturtevant, inspired with patriotic spirit, desired to take some part in the great struggle, and decided to offer her services as an army nurse. At the earnest persuasion of friends, however, she was induced to remain at home, and instead accepted a position as nurse in the Massachusetts General Hospital. Some of our old subscribers will remember the delightful series of papers contributed to *THE TRAINED NURSE AND HOSPITAL REVIEW* by Miss Sturtevant, entitled "Personal Recollections of Hospital Life Before the Days of Training Schools."

Miss Sturtevant was a brilliant illustration of the fact that all nurses before the days of the training schools were not of the "Sairy Gamp" order, for she was a woman of culture and refinement, fine mentality and character. Her interest in *THE TRAINED NURSE AND HOSPITAL REVIEW* never ceased, and among the editor's most valued possessions is a most beautiful letter of sympathy received from Miss Sturtevant in November last.



### Conferences of Charities and Corrections

*THE THIRTY-EIGHTH NATIONAL CONFERENCE OF CHARITIES AND CORRECTIONS*, held recently in Boston, Mass., brought together a great number of people interested in the work of social service. The session of June 9, where Dr. Charles W. Eliot, Dr. Richard C. Cabot and others discussed "Sex Hygiene," attracted so much attention that the hall was inadequate for the purpose. Every seat was occupied before the session opened, and the superintendent of the building announced that the fire limit had been reached and that no more could be admitted. As the same enthusiasm was not shown in other subjects one is led to wonder whether it was interest or morbid curiosity which brought this vast multitude together.

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# The Hospital Review

CONDUCTED BY CHARLOTTE A. AIKENS

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## An Open Letter to Hospital Workers

Someone tells us that eighty per cent. of the knowledge that comes to us comes through the eye. What our eyes have seen, and, we may add, what our hands have handled, remains with us long after the things or descriptions which we have heard are forgotten. It was the realization of this truth that led to the attempt to combine with the educational and inspiring papers and discussions which the American Hospital Association provides each year for hospital workers an exhibit which would bring to the notice of all those who attend the convention the result of the creative genius and discoveries of other hospital people. A large number, probably the vast majority of hospitals, do their work under the handicaps of lack of sufficient money. Necessity has ever been the mother of invention, and each of its own needs every hospital has evolved practical things, useful appliances, which lighten labor, promote economy or comfort or efficiency in a variety of ways. These are the things especially desired to be shown in the hospital exhibit. The simpler the thing is and the easier made, the more reason you should bring it along to New York, and the more people there will be who will copy it. If you are not coming yourself, send it with some one who is coming, or express it addressed to the general chairman of the exhibit committee at the Murray Hill Hotel, New York, a few days before the convention. It will be carefully packed and returned to you, with a cover letter giving any directions that may be necessary regarding its proper arrangement. Do this as your contribution to the American Hospital Association this year, as an evidence of your interest in it, work and aim, and your personal goodwill toward its members.

The hospital exhibit at the American Hospital Association is a good opportunity for mutual and exchange of ideas, and may even show exhibits from outside the hospital profession, to combat commercialism, and to show the public that we can help the community.

A few minutes more of time for only a few more exhibits, a few more papers or take a few more dollars' income for the exhibit affords

opportunity for all to have a part in the success of the great annual meeting.

Do you happen to remember that the majority of American hospitals are what may be called "small hospitals," under seventy-five beds, and that necessarily the majority who attend the conventions come from smaller institutions? These workers will be interested in any contribution you may make. As an example of how the exhibit idea works out, the following may be cited: The writer happened to call at a hospital on the way to St. Louis, and in going through it spied a green-soap container with a siphon attachment which operated by pressing a rubber bulb on the floor with the foot. One of the local doctors had devised it, and it had proven so useful that a bracket for it had been placed over the stationary washbowl in all the "scrubbing-up" places in maternity ward and operating room. It cost about a dollar, and the superintendent protested that it was too "ridiculously simple" and cheap to be worthy of a place in the exhibit. But she was finally persuaded to put one of the bottles in her suit case and bring it along. Several weeks after the convention the writer received a letter from a Western superintendent in which she spoke of the many new ideas she had brought home from the little exhibit in St. Louis, and mentioning particularly that she had rigged up a siphon soap bottle for liquefied green soap, that their doctors were greatly pleased with the convenience of it, and one of them had taken the idea and improved on it in some way. Thus the simple things which you have become accustomed to may be used "to promote economy and efficiency" in hospitals on the other side of the continent.

The trouble is that the original things to which we have become accustomed by years of daily use we forget that we didn't always have, and that probably most other hospital people would like to know about them.

A week or two ago the writer was in an Ohio hospital. The superintendent didn't believe he had a thing which would be of interest for the exhibit. We had gone but a few feet further down the corridor when we came to a chart

cupboard which he had devised for holding bedside records instead of hanging them on the beds or piled on top of one another. It was simple, inexpensive and practical, and he promised to have a model made and bring it to New York for the convention exhibit.

If I could personally visit every hospital and get a chance to look around, I venture to say that there isn't one which would not furnish something of interest for this mutual-aid exhibit. Because I can't visit you all personally, I am writing this letter.

It is not alone appliances which are valuable, but new and uncommon ways of arranging uncommon things. For instance, Buffalo General Hospital last year sent some specimens of gauze dressings arranged so as to decrease the cost of said dressings about one-third—surely worth showing.

The method of arranging obstetrical dressings, sheets and sterilized goods necessary during labor, so that without the waste of a moment and with perfect asepsis an emergency case could be safely cared for, was shown by the Washington University Hospital, St. Louis, and attracted much interest.

Anything—any method that makes work easier, that makes mistakes or neglect less liable to happen, that lessens waste, that increases the comfort and safety of the patient—is worth showing.

Requests have come in for some devices that have proven satisfactory in preventing the noise from the closing or slamming of doors to be shown; also for a satisfactory device for keeping food hot in transit from kitchen to wards and till served in small hospitals; for devices for keeping delirious patients in bed; for a satisfactory urine tray or receptacle for specimens which is adapted to small-hospital condition; for a satisfactory bedside screen which is not so heavy or cumbersome that it could not be used in a small ward and which will not topple; for a satisfactory set of printed rules for the guidance of graduate nurses on special duty in hospitals.

The exhibit committee also desires to be able to show a collection of leaflets, papers and printed material used in giving publicity to local hospital work. Will any hospitals which issue a monthly or quarterly periodical kindly send one or two sample copies for the collection to the undersigned? Let us all help to make the New York convention, and especially the exhibit department, a splendid success.

CHARLOTTE A. AIKENS,  
General Chairman, Exhibit Committee,  
722 Sheridan Ave., Detroit.

### The Children's Hospital, Portland, Me.

A State-wide appeal to relieve the financial embarrassment of the Children's Hospital, Portland, Maine, is being carried on successfully. A few years ago its promoters appealed to the legislature for assistance and the State appropriated \$40,000 for building and equipment, and added to this sum \$15,000 for maintenance for the two years after its work began. It appears that instead of erecting a modest building which could be added to as the work grows, the trustees erected a building much more costly than was originally planned—one that would cost almost double the amount to maintain it that the legislature was given to expect. The State governor vetoed the appropriation of a larger amount than had been previously decided for maintenance, and has received much adverse criticism for his niggardly policy regarding one of the noblest of the State's philanthropies. The *Argus*, of Portland, in an editorial, places the blame for the financially embarrassed condition of the institution on the trustees, whom it accuses of extravagance in the erection of a much more costly building than was warranted, and for presuming that because the State had been generous in the first appeal it could be depended on to become responsible for twice the amount promised. It pertinently asks: "Where is the State's obligations to private institutions of this character to end? What is to be the limit to the drain on its finances imposed by private philanthropic effort, however worthy and laudable? Must the State be held responsible for any amount of indebtedness that the managers of private charitable institutions may deem it wise and proper to incur, and in incurring which the State has no voice?"



### Methodist Episcopal Hospital, Brooklyn, N. Y.

In 1910 this hospital cared for in all departments 11,095 patients. Of this number 3,248 were cared for in wards and rooms. The expenses for the year were \$128,821.34. The income has more than kept pace with the increased cost, and the year closed with all bills paid.

In comparing the cost of supplies purchased through the Central Purchasing Bureau, organized by a dozen or more of the largest New York hospitals, the statement is made that, with two or three exceptions only, the prices obtained by the hospital the year previous were as good, if not better, than those received through the agency. The installation of an ice plant has



or more counties may combine to erect a building, but not more than 300 patients may be maintained by any of these groups.

An investigation into the conditions of the tuberculosis sanitarium at Mt. Vernon, Ohio, which has been built at a cost to the State of \$600,000, disclosed the fact that there were on the payroll fifty-three employees to care for forty-eight patients. The State is paying \$50,000 annually for maintenance.

St. Peter's Hospital, Brooklyn, N. Y., makes the statement that though nearly 14,000 cases of consumption have been treated in it, there has never, thus far, developed in the institution a new infection in either nurse, attendant or other patient. Any hospital with such a record as this has a right to boast. The scope of this splendid institution is being widened by the erection of a branch hospital on Long Island, where accommodation will be provided for patients suffering from chronic ailments, and where a larger number of tuberculosis patients can receive care.

Hope Hospital, at Fort Wayne, Ind., is to be rebuilt at a cost of \$100,000. The present quarters will be abandoned.

A cooperative effort is being made by the hospitals of Syracuse, N. Y., to secure higher rates for caring for free patients supported by the city, county or town.

One of the interesting features of the new Hahnemann Hospital, Chicago, will be an assembly room which will seat 300, which will be used for a variety of purposes, such as chapel exercises, lectures to nurses and physicians, etc. A swimming pool and gymnasium for the use of nurses will be arranged for in the basement.

The board of management of the enlarged Sloane Maternity Hospital, New York, consists of Dr. E. B. Cragin, W. D. Sloane, Dr. Samuel Lambert, Dr. Wood and George L. Rives. The maintenance of the new branch building is fully provided for by the donor, W. D. Sloane.

The Woman's Hospital, Philadelphia, is to place a roof garden on the hospital in commemoration of the fiftieth anniversary, which it has recently celebrated.

The new Mercy Hospital, at Canton, Ohio, has been completed at a cost of \$10,000. It began in the home owned by the late President and Mrs. McKinley, which soon became too small for the demands. The McKinley home is still a part of the hospital.

For several years litigation has been carried on between physicians in Cleveland, O., in relation to the privileges of practicing in the Huron Road Hospital. One faction favored the idea of a general hospital, open to both schools of medicine. The other desired to restrict the physicians who would be allowed to practice in it to those trained in the homeopathic school.

Under the new order of things the charter of the organization is to be modified. It is to be called the Cleveland Homeopathic and General Hospital Association, and both schools will share in the hospital privileges.

A recent supreme court decision settles in favor of the Presbyterian Hospital, New York, the question of a bequest of \$120,000 from the estate of the late Edward S. Kindberg.

The Riverside Hospital at Wilkes-Barre, Pa., has been opened, with Miss Sydney Hall in charge. Riverside Hospital is for the use and benefit of any reputable physician. Patients may be brought to the institution and their own physicians will be in full charge of their cases.

A donor whose name is withheld recently sent a check for \$3,160.32 to Faxon Hospital, Utica, N. Y., to cancel the debt on the institution.

Ground has been broken at Syracuse, N. Y., by the National Tube Company, for an emergency hospital for the benefit of employees of the company.

The Woman's Hospital, New York, treated in the hospital last year 402 patients and 3,369 in the out-patient department.

Bradley Hall, the latest addition to the Methodist Hospital, Philadelphia, has been completed at a cost of \$40,000, and is the gift of Thomas Bradley, president of the board of trustees.

By the will of the late Mrs. Lucy P. Goff, of New Bedford, Mass., provision is made for the erection of a hospital as a memorial to her deceased son, the building to be named the Winfred Goff Homeopathic Hospital.

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# Book Reviews

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*Tuberculosis and Its Cure of the Masses, and Prevention of It.* International Prize Essay, by A. J. L. K. J. F. M.D. Seventh edition.

This booklet, which will be remembered as having been awarded the International Prize at the International Congress to Combat Tuberculosis as a Disease of the Masses, held at Berlin, May 24 to 27, 1899, has just been presented to us in its seventh American edition, after having been most carefully revised and enlarged.

As it reads today we can without hesitancy refer to it as a mine of exhaustive information upon the subject of tuberculosis, not only for the professional reader but for the layman as well. Its content is sane, and not sensational — so much that it is written nowadays on tuberculosis is liable to be — containing nothing that is likely to either frighten or offend. It is arranged in thirty three short but concise chapters, each one a gem of thought upon the subject, and any one of which, carried away and acted upon by the reader, will help greatly in the anti-tuberculosis campaign. The chapters upon tuberculosis among children, and the opportunities of the municipal government to do the most effective preventive work by the forming of open-air schools and the careful physical examination of the pupils in the public schools, are among the most important portions of the essay.

After reading the booklet, one is impressed probably most vividly by the author's complete understanding and appreciation of the social side of the disease, and the effective way in which he has tried to bring the public to work, and all of us may be benefited effectively in the fight.



*What to Eat and When.* By G. Carroll Smith, M.D., of Boston, Mass. Price, \$2.50 net.

Dr. Smith's book cannot be better described than by his own statement that it is intended to set forth "the fundamental elements of food and the principles underlying, as such, the essential necessities and change of the diet in certain diseases or demands, and how this change may be made in the most practical, time-saving way." While he writes primarily for the medical student and the practicing physician, the simple style

of the book and its practical way of dealing with the subject of dieties make it valuable for the nurse as well.

The introduction covers briefly such subjects as the classification of foods, the food requirements of the body, appetite, and aids to digestion. Separate sections are then devoted to different groups of diseases, the largest space being given to disorders of the organs of digestion and elimination; diseases of the stomach receive especially detailed consideration, and a particularly valuable chapter deals with constipation.

The part played by food in producing diseased conditions is clearly set forth, and the reasons for as well as the practical details of the dietetic treatment of disease are presented in a clear and convincing manner. Diet lists, prepared not only with a view to proper nutrition, appetite and variety, but also in such diseases as tuberculosis, with reference to the patient's financial condition, accompany the various sections.



*Diseases of Children for Nurses.* By Robert S. McCombs, M.D., Instructor of Nurses at the Children's Hospital, of Philadelphia. Second edition, thoroughly revised. Price, \$2.00.

A good book on pediatrics is almost a necessity to the successful all-round nurse, and ever since its first appearance Dr. McComb's book has proved itself admirably fitted to meet this need. The new edition, which has just been put on the market and which is thoroughly up to date in every particular, will be an even more valuable addition to the nurse's working library, as the chapters on intestinal diseases, therapeutics and artificial feeding have been amplified and improved.

The book covers the subject of children's diseases very thoroughly, and the information given is selected with a special view to the practical needs of the nurse, and is presented with clearness and simplicity. The value of the volume is greatly enhanced by the numerous excellent illustrations, some of which are in color.

(Continued in Publisher's Desk)



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# The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

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## A Legal Question

*To the Editor of The Trained Nurse:*

I would like to have the opinion of other nurses with regard to an experience of my own. Similar cases must have been met with, and I am anxious to know what is the right course to pursue.

A doctor sent for me in a hurry to take a confinement case. It was the first case he had ever given me, and he said it would be a nice one. I went at once to see the woman; her time was up, according to her calculations, and as she was alone she wanted me with her. She asked my price, and, as she was in moderate circumstances, I told her I would go to her for \$21 a week. I was to do the housework of the small flat—a thing I seldom do except for near friends. She told me she had engaged a nurse, a "practical" one, but she was to be kept on a case, so that my woman could not be sure of her and wanted me. Well, I stayed, and got everything ready, but there was no sign of the event. Two weeks and more went by, and still there was no sign. I saw that the woman was troubled and worried over the matter of expense, so I suggested, to her evident relief, that I go home and stay until she really needed me, as I could get to her in an hour's time. She seemed very much pleased with the idea, so I went home. I had two calls, which I had to refuse, and after I had been at home five days the husband telephoned me that they had a baby there, born the day before. He said they could not get me in a hurry on the phone—which was not true, as I had a direct wire and am never delayed—and so got another nurse. If I would send in my bill, he would pay me. I asked no questions, I was so "stumped"; I merely called for my belongings, only going to the door. I made several attempts to see the doctor, as I considered that an explanation was due me from him, but he is never in.

Now, the question in my mind is whether I am entitled to pay for the time I was with the woman and for the two weeks I was engaged for also? How would such a case stand in law? I actually lost three weeks' time, and turned away two good cases. Or should I be glad if I merely get paid for the time I was actually there?

I would be glad to hear other nurses' views of this subject. Is a nurse to have no protection? Every day counts, when she has her own way to make, and so few years.

L. W., New Jersey.



## The Nurse's Holiday

*To the Editor of The Trained Nurse:*

In the May number of *THE TRAINED NURSE* you asked for suggestions on the subject of "The Nurse and Her Holidays."

A very pleasant and yet profitable vacation for the busy and tired private nurse is a summer course at some university. My theory is that a change of occupation is a better rest than idle thoughts and hands.

I believe most of the State universities offer such a course of six weeks. The students are at liberty to choose any and as many subjects as they wish. For the tired nurse two studies would probably be sufficient, and at the same time she would be at liberty to enjoy all the advantages which these large colleges offer: lectures on various subjects by prominent, intellectual people; musicales, social evenings, instructive entertainments, gymnastics, swimming, outings, etc. A school beautifully situated and near woods or water would satisfy the cravings of "the shut-in-all-winter" nurse more than one placed in the heart of a large city.

The expense would probably not exceed much more than if she were to spend six weeks at her boarding place. My expenses for the entire time were from sixty to seventy dollars, which could have been lessened if necessary. This included room, board, tuition, swimming lessons, books, but allowing only four dollars for railroad fare.

M. A. W.



## A Question of Ethics

*To the Editor of The Trained Nurse:*

May I submit a question? Dr. C. called me to nurse a case for him. When there five days Dr. C. was discharged and Dr. M. called to take the case. After giving the family time to get another nurse I left. I was taught in my train-



when a patient needs their services. They go for the most part when they can, though some, as I heard two or three saying the other day, feel that churchgoing is a small part of religion and that one can be very religious and yet attend church rarely or even not at all. It is the life that counts, and when people criticize the lack of churchgoing among some, they forget how many churchgoers leave their religion at the church door.

The profession without the life is bare. However, I do not mean to make light of churchgoing, only its absence does not necessarily mean lack of religion. We at Waltham are especially fortunate in having those in authority so thoroughly imbued with faith in the beauty of service and the holiness of the nurse's calling. With such a man as Dr. Worcester in prominence, it would be hard to become truly irreligious.

ANNETTE FISKE.



*To the Editor of The Trained Nurse:*

Having been born of a religious mother, and brought up in the Roman Catholic church, I sometimes find it impossible while practising my profession to carry out all the religious observances which I have been taught to consider my duty. Yet it is often practicable, especially when nursing in a family whose faith is different from one's own, to arrange to attend church at a different hour from the rest of the household, and not neglect the patient in any way.

For nine months I nursed in a country town, the family being a religious one, but in quite a different way from myself. When my patient was in such a condition that I could leave her, I attended church at an hour when one of the family could relieve me, which they did willingly, and with the consent of my good physician, who arranged to come at a later hour so that I could attend to my religious duties and yet neglect no duty to my employers. Every Sunday of that nine months I either attended service or during my recreation time went alone to the church for a few silent moments of prayer.

This pleased my pastor, the doctor, the family in which I was employed, and myself, making my work seem less hard and my spirits more cheerful, and making the quiet Sunday in a country town more what a Sabbath should be.

I think that every nurse should attend some house of God, when she is situated so that she can do so. Nurses are often called upon to give consolation in hours of pain, distress and death,

and I know from experience how thankful one is to be ready with a chapter a verse or a prayer, and how deeply one values the precious words from the dying and the respect of the family in return for such service. A nurse should fit herself for her work religiously as well as in other ways, and she will find that a doctor will gladly help her in these matters if she will ask him.

E. C. P.



**The Small-Hospital School**

*To the Editor of The Trained Nurse:*

I have just read the letter in the March issue of *THE TRAINED NURSE* entitled, "A Criticism," to which I wish to make a reply.

I cannot understand how any nurse can say that she has "less than no use" for a woman or a set of women who approve of small-hospital training schools, and then cite *only* one case as conclusive proof that they are *all* worse than useless.

I agree with her in regard to her idea of the "aggressive" graduate of large hospitals, but not in regard to her other statement. I am not ashamed to say that I graduated from a small training school, and I am proud to say that some of the nurses sent out from that training school can rank with any nurses from larger schools, and are being employed by the best physicians and surgeons in the city.

She infers that such a graduate would not be capable of telling whether a 1-16 or a 1-30 of strychnine is the largest dose. We find incapable nurses who have received diplomas from large hospitals as well as small. As evidence I might refer you to a graduate of one of our largest hospitals who was brought into our hospital on a special case, and had never been taught how to give an infusion and in her three years' course had never seen one given. Another nurse, after spending several months in another of our largest hospitals, did not know how to pass a catheter. Is this a *proof* that all nurses from these hospitals "are a disgrace" and "should be wiped out?"

I, too, believe in truth and justice, and there may be small hospitals which do not come up to the standard. But to refuse registration and other rights of the graduate nurse to a nurse because she trained in a small school is *unjust*; and whether or not nurses are qualified for good work and proper administration of their duties to the public should be determined in some other way than by the size of their training schools.

H. M. A., Cleveland.



CLASS OF 1911, ST. VINCENT'S TRAINING SCHOOL,  
LITTLE ROCK, ARKANSAS



NURSE BANQUET, ST. VINCENT'S TRAINING SCHOOL,  
LITTLE ROCK, ARKANSAS

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# In the Nursing World

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## Spanish-American War Nurses

**T**HE Twelfth Annual Convention of the Spanish-American War Nurses will be held at Oklahoma City, Oklahoma, August 21, 22, 23, 1911. The following program has been arranged: Monday, August 21, 8 P. M., Headquarters Assembly Room, Reunion, Signing the Roster, Executive Meeting. Tuesday, August 22, 10 A. M., Opening Prayer, Address of Welcome, President's Address, Greetings from Absent Members. 11 A. M., Business Meeting, Reading of Minutes, Report of Executive Meeting, Reports of Secretaries and Committees. AFTERNOON, Sight Seeing. EVENING, Banquet. Wednesday, August 23, 10 A. M., Business Meeting, Amendments, Camp Reports, General Business, Tellers Appointed; Luncheon. 2 P. M., Election of Officers Declared, Nominating Committee Elected, Place of Next Annual Meeting, Executive Meeting, Adjournment. 6 P. M., Dinner. 8 P. M., Spanish War Veteran Ball.

The dates of August 21, 22, 23 have been chosen to enable the Spanish-American War Nurses members to accept privileges conjointly with the Spanish War Veterans, they having previously arranged a national convention at Oklahoma City for these dates. For information concerning reductions and stop-over privileges consult your local ticket agent. The Oklahoma County Nurses' Association and the Spanish War Veteran Auxiliaries of Oklahoma City, through Miss King, the local member of the arrangement committee, have extended to the Spanish-American War Nurses a most cordial welcome, and the courtesy of many social functions. Provision is being made for entertainment at private homes. For information concerning headquarters and reservation of rooms, write to Miss Ella B. King, 204 West Main Street, Oklahoma City, Oklahoma, not later than August 15. It is advised that thin dresses should be taken. Kindly report changes of address promptly to the corresponding secretary. The following compose the committee of arrangements: Mrs. Geo. Lounsbery, Dr. Laura Hughes, Miss Ella B. King, Mrs. Chas. Andrews.

## NAVY NURSE CORPS

Resignation requested: Peron E. Jennings requested to resign May 12, 1911.

Bertha Purcell tendered resignation to be accepted June 1. Miss Purcell found the material disadvantages incident to the opening of a new station, and her disinclination to adapt herself to conditions of nursing in naval hospitals, sufficient reasons for annulling her voluntary contract to remain three years in the naval service. Her resignation was accepted.

## APPOINTMENTS

Nellie R. Ferrell, University of Maryland Training School, Baltimore, Md.

Katrina Hertzner, Illinois Training School, Chicago, Ill.

## TRANSFERS

Lucy C. Cooper, from U. S. Naval Medical School Hospital, Washington, D. C., to U. S. Naval Hospital, Philadelphia, Pa.

LENAH S. HIGBEE, M.L.A., R.N.,  
Supt. U. S. N. Nurse Corps.



## The Nurses' Associated Alumnae

The Fourteenth Annual Convention of The Nurses' Associated Alumnae of the United States was held in the Park Street Church, Boston, Mass., on May 31, June 1, 2 and 3, 1911.

On Wednesday morning, May 31, from 8 to 12 A. M., the delegates presented credentials, paid dues and were registered by the secretary at convention headquarters, Hotel Brunswick.

Convention called to order in Park Street Church, 2.25 P. M. In the absence of Rev. Dr Mann, on the program for the invocation, the invocation was pronounced by the Rev. Dr. Keeler.

*Address of Welcome:* Mayor John F. Fitzgerald, Boston. Mayor Fitzgerald said Boston welcomed and was honored by the convention. He claimed for Boston a place among the first to recognize nursing as a profession. It had been also among the first to recognize the human need as shown in its parks, public playgrounds, hos-



Voted, to arrange with *American Journal of Nursing* to have a large number of reprints made to send one to each delegate and affiliated association.

Consideration of by-laws taken from table. Motion, that by-laws as now presented be accepted. Voted to amend motion by changes in several sections and articles. Motion carried.

The chief changes in the revised constitution and by-laws are: the change of name as noted; the change in membership, the Association now consisting of city, State, county or kindred organizations of a general character, which shall be approved by the eligibility committee, together with Alumnae Associations whose schools now give a three years' course; the formation of an advisory council consisting of the officers of the Association and the presidents of the State Associations; the presidents of the State Associations shall have the privileges of the floor and a vote, as also has the duly elected State delegate; dues and fees have been materially increased. Alumnae Associations must now pay fifteen cents per capita annual dues. State Association ten dollars annual dues. Five dollars the minimum annual dues for any city, county or other organization; those of more than fifty members shall be ten dollars. Permanent members two dollars annual dues.

An amendment was voted to the article of membership which provided for the exemption from dues while retaining all privileges of membership of charter and permanent members at the age of sixty-two. It was learned later that the person offering the motion was neither a permanent member or a delegate, and she withdrew the motion with apologies. A motion to reconsider the vote adopting the by-laws in order that this amendment might be made legal was lost. Other changes were of a minor character, either to fit the changing character of the voting body or for clarity.

The proposed changes, such as making the Association one of individual membership and of dropping alumnae associations as the unit of membership, met with such opposition that it was seen early in committee work to be impossible.

*Report of Public Health Committee:* In the absence of Mrs. Colvin, chairman of the committee, the report was given by Miss Kerr, of New York. Accepted.

*Report of Conference of American Association for the Study and Prevention of Infant Mortality:* Miss Mary E. Lent, Baltimore. As Miss Lent was not present and had sent no report, Miss

Crandall consented to read the very able report which she had prepared for and presented at the Superintendents' Convention.

Moved, that a committee be appointed to draw up resolutions endorsing the work of the New York Commission for the Prevention of Blindness. Carried.

Miss Carolyn Van Blarcom appointed chairman of this committee.

Adjournment.

#### AFTERNOON SESSION

Called to order 2.10 P. M. Session on Social Service Work. Miss Ida Cannon, of the Massachusetts General Hospital, Social Service Department, in the chair.

*Address:* "Hospital Social Service," Dr. Richard Cabot, Physician in charge of the Social Service Department, Massachusetts General Hospital.

Dr. Cabot's address was a most scholarly one, dealing primarily with the different social problems of hospital workers, discussing at length those of alcoholism and of the single pregnant woman. Dr. Cabot also spoke of the influence of hospital service on the hospital worker, the moral and spiritual callousness which inevitably results and which is psychologically impossible to avoid. Two types, the illusion of routine and the blindness of specialism, were aptly illustrated.

*Paper:* "The Training of Nurses for Social Service in Hospitals." Miss Crandall withdrew her paper because the address of Professor Winslow at the morning session had so ably covered the field.

*Paper:* "Factory Welfare Work," Miss May B. Dickinson, South Framingham, Mass.

*Paper:* "Tuberculosis: How to Teach Its Prevention to Schoolchildren," Miss Sarah Hilbert, Cincinnati, Ohio. General discussion.

*Report of Committee on Nursing the Insane:* Miss Amy Hilliard. Heard and accepted.

Announced that \$304 and one share of stock had been contributed to the Journal Purchase Fund.

Adjournment.

#### SATURDAY, JUNE 3.

Meeting called to order 10.10 A. M. Minutes of the preceding session read and accepted.

*Report of Red Cross Nursing Service Committee:* Miss Jane A. Delano. That conditions and progress of the Red Cross Nursing Service were in most satisfactory shape was shown by this report. Response to the two calls sent out had been prompt and businesslike. Much interest is shown in forming State and local committees for enrollment of nurses. Report accepted.

*Report of Rural District Nursing.*" Miss Henrietta A. Clegg, Lakeville, Conn. Discussion, Miss M. I. Wilkerson and Miss Damer.

*Report: How Our Small Community Is Dealing with Its Tuberculosis Problem.*" Miss Nellie M. Casey, Frederick, Md. Paper read by Miss Alice L. Hoyle.

*Report of the Committee of District Nursing.* Miss Nellie M. Casey, of the committee, was not present. A report prepared for her by Miss Nellie Casey was read by Miss Deans. Discussion, Miss Maxwell.

The printed program called for "Reports from the Mission Field," but there were none.

*Report: Labrador District Nursing.*" Prepared by Miss Keating. Read by Miss De Witt. This paper was interrupted because of its length and the lateness of the hour. It was said: "It will be published in the *Journal* anyway, and you can read it there."

Mrs. William K. Draper, newly elected honorary member, introduced to the assembly. Mrs. Draper made a most graceful and appreciative response.

Motion that this Association federate with the National Federation of Women's Clubs. Lost.

Voted that the American Nurses' Association share with the Superintendents' Society the expense of delegate to the American Federation of Nurses to the International Council at Cologne.

#### AFTERNOON SESSION, 2:15 P. M.

*Report of Tuberculosis Committee.* Miss Elizabeth C. Crowell. Read by Miss Nevins. Accepted.

*Report of Pension Fund Committee.* Miss Lydia A. Gering, chairman. Accepted.

Voted that resolutions recommended by this committee be referred to nurses. The board of directors to appoint a committee of five to receive and care for this fund. Exact name of fund to be decided by board of directors. Over six hundred dollars was immediately placed for the fund.

Voted that the Robb Memorial Fund have a maximum of six hundred dollars.

Mrs. Grace Halliburton of the floor to present the report of the committee elected in 1908 to represent the nursing profession. Owing to the expense of the trip, the committee did not meet. Voted, that the committee be authorized to consider the matter.

Voted that the Association to procure a seal. Voted that the Association from Chicago to New York City.

The Association adjourned for the meeting of 1911, November 10.

*Report of Committee on Resolutions.* Miss Wheeler, chairman. Formal resolution of thanks to Massachusetts State Association, to Miss Emma Nichols, to Rev. Dr. Mann, Mayor Fitzgerald, Prof. Winslow and Dr. Cabot; also to the Massachusetts General Hospital, the Children's Hospital, the Guild of St. Radegonde, the Boston Nurses' Club and the Red Cross Committee. Adopted by a rising vote.

The following resolutions were adopted: That the Association recommends that measures be taken for legislative control of the practice of midwifery. That the Association goes on record as favoring the adoption of shorter working hours in the nursing training schools.

Report of tellers, Miss Duncan, chairman.

Officers elected: President, Miss Sarah E. Sly. Vice-President, Mrs. A. R. Colvin. 2d Vice-President, Miss Emma M. Nichols. Secretary, Miss Agnes G. Deans. Treasurer, Mrs. C. V. Twiss. Directors, Miss Mary M. Riddle, Mrs. Frederic Tice.

Introduction of new officers.

Adjournment.



### Philippine Islands

The first annual commencement of the Philippine Training School for Nurses was held March 29, 1911, at five o'clock, in Marble Hall, Ayuntamiento, Manila. Those receiving diplomas and class pins were the Misses Ramona Cabrera, Modesta Jamias, Baldomera Garcia, Apolonia Salvador, Hermenigilda Flores, Marcelina Nepomuceno. There was an interesting program, consisting of the blessing by His Grace Archbishop Harty; addresses by Dr. John R. McDill and His Excellency the governor-general; presentation of diplomas by the Honorable the secretary of the interior; presentation of the class pins by the Honorable the speaker of the assembly; valedictory, Miss Hermenigilda Flores. Music was furnished by the Constabulary Band.

The new Home for Nurses at the Philippine General Hospital in Manila is completed and now occupied by the ladies. The home is a beautiful building, costing \$125,000, and has accommodations for thirty-eight nurses.

Miss Elsie P. McCloskey, late superintendent of the Battleboro Hospital, Vermont, has accepted the position of chief nurse and superintendent of the Philippine Training School for Nurses, at the Philippine General Hospital, Manila, P. I.



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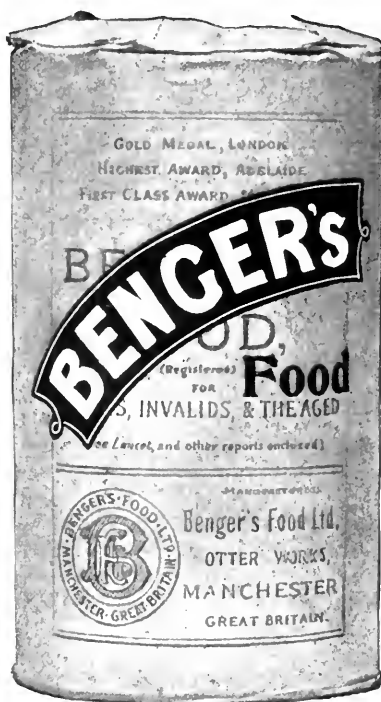
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A boon to the nurse. A joy to the physician. A safeguard to the public

**Opens with the foot. Closes of itself and seals itself against escape of germs or odors**

Often a necessity—always a luxury. For hospitals, for physicians, and for trained nurses in public and private practice. Should be recommended by every nurse as the only infants' sanitary napkin receptacle.

Not at all expensive. Send for price list. It's JUSTRITE—just try't.

**JUSTRITE MANUFACTURING COMPANY**  
335 South Clinton Street Chicago, Illinois

Miss Martha Schultz, Miss Mae Coughlin, Miss Laura Wallen and Miss Grace Ridgway were presented diplomas and badges.

Mr. F. R. Hazard, of Syracuse, N. Y., president of the Solvay Process Company, of Syracuse and Detroit, is also president of the board of Trustees of the Solvay General Hospital.

Mr. Andrew H. Green, Jr., manager of the Detroit Solvay plant, presented the diplomas, and at the same time a twenty-dollar gold piece to each nurse.

His address to the nurses dwelt strongly upon the point that any one employed should do his work as well as possible, and every time he did the same work he should try to do it "just a little bit better." He said that while there was a certain sameness to the work in nursing, every nurse should try to improve her methods of work and her personal qualifications.

Mr. Antonio C. Pessano, president of the Great Lakes Shipbuilding Company, of Detroit, chairman of the Nurses' Training School, was scheduled to present the badges, but on account of important business in New York was unable to attend, and Dr. B. P. Brodie presented the badges. Dr. Brodie, in his genial way, complimented the nurses for the training they had received, and also complimented Dr. MacClure, superintendent of the hospital, for the successful management of the affairs of the hospital in the past nine years.

Captain John H. Calthrop, probably the oldest employee in the Solvay Process Company, gave several of his characteristic recitations, which were not only very entertaining but were especially interesting. The principal address of the evening was by Miss C. P. Van der Water, superintendent of the Training School of the Grace Hospital, Detroit. She spoke of the noble women who had won honors for their services in nursing. She dwelt strongly upon the relations of the patient to the nurse, the nurse to the patient, and emphasized the importance that every nurse should have at least a few hours off duty each day for fresh air and recreation. She said that the patient's friends were often responsible for much of the trouble and dissatisfaction with the nurse. Miss Van der Water cautioned the nurses about their personal appearance and deportment during the practice of their profession, and gave much other valuable advice. The evening ended with dancing.

### Michigan

The Seventh Annual Convention of the Michigan State Nurses' Association convened at Jackson May 3, 4 and 5. It was a most interesting meeting, and all enjoyed it very much. The convention was called to order in Library

Miss Martha Schultz, Miss Mae Coughlin, Miss Laura Wallen and Miss Grace Ridgway were presented diplomas and badges. Mr. F. R. Hazard, of Syracuse, N. Y., president of the Solvay Process Company, of Syracuse and Detroit, is also president of the board of Trustees of the Solvay General Hospital. In the absence of Mr. Hazard, Mr. Andrew H. Green, Jr., manager of the Detroit Solvay plant, presented the diplomas, and at the same time a twenty-dollar gold piece to each nurse. His address to the nurses dwelt strongly upon the point that any one employed should do his work as well as possible, and every time he did the same work he should try to do it "just a little bit better." He said that while there was a certain sameness to the work in nursing, every nurse should try to improve her methods of work and her personal qualifications. Mr. Antonio C. Pessano, president of the Great Lakes Shipbuilding Company, of Detroit, chairman of the Nurses' Training School, was scheduled to present the badges, but on account of important business in New York was unable to attend, and Dr. B. P. Brodie presented the badges. Dr. Brodie, in his genial way, complimented the nurses for the training they had received, and also complimented Dr. MacClure, superintendent of the hospital, for the successful management of the affairs of the hospital in the past nine years. Captain John H. Calthrop, probably the oldest employee in the Solvay Process Company, gave several of his characteristic recitations, which were not only very entertaining but were especially interesting. The principal address of the evening was by Miss C. P. Van der Water, superintendent of the Training School of the Grace Hospital, Detroit. She spoke of the noble women who had won honors for their services in nursing. She dwelt strongly upon the relations of the patient to the nurse, the nurse to the patient, and emphasized the importance that every nurse should have at least a few hours off duty each day for fresh air and recreation. She said that the patient's friends were often responsible for much of the trouble and dissatisfaction with the nurse. Miss Van der Water cautioned the nurses about their personal appearance and deportment during the practice of their profession, and gave much other valuable advice. The evening ended with dancing.

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The convention was called to order in Library



## The New Shampoo

The troubles you have had with the usual shampoo have been due both to the means and the method. The ordinary shampoo removes much of the dust and dandruff, but also takes away the natural oils of the hair and scalp, leaving them dry and lifeless. *Hand Sapolio* by its special ingredients cleanses even more thoroughly than "special" preparations, and its delicate vegetable oils furnish a stimulating health and richness to the hair and scalp that make shampooing delightful and profitable. *Hand Sapolio* has made a new quality to the Toilet, Bath and Shampoo.

**FOR TOILET AND BATH**

and Mrs. C. M. Ranger the class pins. Those who received these honors are the Misses Philomena Mies, Elsie Russ, Mary Millar, Bertha Harris, Jessie MacDonald and Mr. Fred Russ. The colors of the Class of 1911 are blue and white; the flower, the pink rose; the motto, "A willing heart lightens labor."

The class from the State who had papers to read:

Miss A. A. Birk of Detroit, "The Work of the Nurse."

Miss E. C. Brant of Ann Arbor University Hospital, "Education Standards in Our Training Schools."

The report on State registration, prepared by Mrs. Lewis given by Mrs. Lacy, of Detroit, was very comprehensive and gave a clear idea of what had been done and what still had to be accomplished.

Two papers given by Miss Edna Foley, of Chicago, commanded the closest attention, one on "Hospital Social Service Work," the other on "Tuberculosis Visiting Nursing."

The last day of the meeting we were especially fortunate in having with us Miss McIsaac, who spoke with her usual force and conviction. Her morning address was on the work of the inter State secretary. In the afternoon the superintendents of training schools listened to an inspiring talk on their duties and responsibilities.

The following officers were elected for the coming year: President, Mrs. Ralph Apted, Grand Rapids; 1st vice president, Miss Fantine Perfection, Ann Arbor; 2d vice president, Miss Elsie Foster, Sigmaw; treasurer, Miss Kate McDaniel, Port Huron; recording secretary, Miss Elizabeth Greener, Muskegon; correspondence secretary, Mr. Millicent B. Northrop, Benton Harbor; councilors, Miss McIsaac, Mrs. E. F. Grother.

The next place of meeting, in 1912, will be Detroit, Mich.

The nurses of Jackson made a charming host and hostess. Their guests left with the feeling that they had been able to form new friendships.

Fourth Annual Commencement of the Michigan Training School for Nurses, White River Falls, held Wednesday evening, May 16, at the Hotel and Vacation Rooms, White River Falls. Attendance capacity by admission 1000. Mr. Abner Hagg, president of the Commercial Union, presided.

The invocation was given by Miss Catherine C. Dwyer, associate editor of THE TRAINED NURSE AND HOSPITAL REVIEW. Address given by Mrs. F. H. Hagg, delivered the charge of the day. Mrs. Lewis presented the diplomas

The twenty-first graduating class of the Training School for Nurses of the Grace Hospital, Detroit, held commencement exercises at Chaffee Hall, Thursday evening, May 18, when twenty young women took the Florence Nightingale Pledge and received diplomas. The members of the Class of 1911 are Miss Ryalls, Miss C. Dent, Miss L. Dent, Mrs. J. Dezelle, Miss M. Stuart, Miss E. Ryder, Miss H. Tasker, Miss H. Hayes, Miss F. Winslow, Miss B. McKee, Miss I. Galbraith, Miss P. Lyman, Miss A. Lobenstein, Miss I. Oliver, Miss V. Richardson, Miss C. Schadt, Miss D. Stuart, Miss L. Leighton, Miss I. MacNichol and Miss F. Kelly.



### Ohio

The graduating exercises of the Training School for Nurses of the Youngstown Hospital were held at the Westminster Presbyterian Church Tuesday evening, May 23. The address of the evening was made by Miss Charlotte Aikens, associate editor of THE TRAINED NURSE AND HOSPITAL REVIEW. The presentation of diplomas was made by Mr. Geo. L. Fordyce and the class pins by Miss Cecil L. Schreyer. The invocation was by Rev. G. M. Whitenack, Jr., and the benediction by Rev. Abner L. Fraser. The musical program was most attractive.

The following young women received diplomas and pins: Sara Hunter, Esile Glade Mohlar, Martha Reitz Stirling, Julia Beatrice Wallace, Ellen Frances O'Brien, Sara A. Jennings, Marian Esther Metcalf, Sara Agnes Gerst, Vera Valiere Gibson, Pearl Mae Worley, Florence Loretta Culp, Edith M. Swartswelter, Ada Mary O'Neil.

The Nurses' Class of 1911 of Mt. Carmel Hospital of Columbus held commencement exercises in the Assembly Hall of the Hospital, Wednesday, May 31, at 8 P. M. The program was of unusual interest, and was made up of the following numbers: Hymn, Mother Mary; Salutory, Miss M. McKenzie; Opening Address, W. D. Hamilton, M.D.; The Spiritual Side of Nursing, Miss M. Murphy; Progressive Science, Miss M. Mulvey; Class Prophecy, Miss Eleanor Harbeck; Conferring of Diplomas, C. E. Turner,



## ARE YOU IN PAIN?

**D**OCTORS probably ask this question more frequently than any other! To relieve pain, whether it be a slight nervous headache or the most excruciating neuralgia, brings the height of pleasure to both patient and physician. The ideal remedy must not only do its work safely, but it must also do it quickly. Prof. Schwarze (*Therapeutische Monatshefte*), believes the coal-tar analgesics are of use in all forms of dysmenorrhoea in which no anatomical changes can be demonstrated. Other practitioners find that it is necessary, in many cases, to administer codeine in small doses. "Antikamnia & Codeine Tablets," would seem to meet just these indications. Codeine does not induce habit and is non-constipating.



When patients complain of weariness and despondency, or are in need of a refreshing sleep, prescribe one or two Antikamnia & Codeine Tablets. You and your patient will be most agreeably surprised at the relief given.

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Swedish Movements, Medical and Orthopaedic Gymnastics

### Electro-Therapy      Hydro-Therapy

The instruction is theoretical and practical. Lectures, Quizzes and Demonstrations on Anatomy, Physiology, Pathology, Theory of Massage and Gymnastics, Hydro- and Electro-Therapy by members of the staff and invited physicians. Abundant clinical material. Students attend clinics at several city hospitals. Separate male and female classes. Diploma.

**Summer Class Opens July 11, 1911**  
**Fall Classes on Sept. 20 and Nov. 15, 1911**

Best-equipped institution for Physiologic Therapeutics in America: Electric light, dry hot air, vapor, blue-light baths, Dr. Baruch's hydriatic table, all forms of hydriatics, Nauheim baths and Schott exercises, nebulizers, vibrators, Frazier-lentz baking apparatus, solar and leucodescent lamps, Bier's hyperemia apparatus, galvanic, faradic, static electricity, high frequency, sinusoidal currents, X-Ray, Bachelet magnetic wave, Von Leyden and Franke system for the treatment of tuberculous, special gymnasium for the treatment of spinal curvature and deformities. Medico-Mechanical Zander gymnasium. Particulars and illustrated prospectus upon request.

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**MAX. J. WALTER, Superintendent**  
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## “ICED DRINKS”

during the Summer season are universally craved and, under certain conditions, are not only refreshing and very agreeable, but wholesome.

Among other conditions, Iced Drinks should be drunk slowly, or preferably sipped—not “poured down” as is sometimes done. Too much sugar is undesirable in Iced Drinks, since it tends to cause undue fermentation in the stomach and thus interferes with digestion.

Doubtless the greatest harm comes from the use of Iced Drinks that contain *caffein*—coffee, tea, and, of late years, the artificially manufactured “*Caffein-Beverages*.” While these are largely advertised to “relieve fatigue,” the physician well knows of the reactionary effect of *caffein* in these beverages, and its subtle power to delude the individual who becomes addicted to their use.

### Iced Postum is a Safe Summer Drink

Made of clean, hard wheat, including the bran-coat with its “vital” phosphates (grown in the grain) and a small per cent. of molasses, POSTUM is, from first to last, a wholesome “CAFFEIN-FREE” BEVERAGE.

Simply make Postum according to directions on the package—boil until dark and rich in color; then add cracked ice, a little sugar and a dash of lemon.

Experience among many physicians and nurses goes to prove that ICED POSTUM is as popular and safe in the sickroom as elsewhere.

The “Clinical Record,” for physicians’ bedside use, will be sent prepaid on request to any physician who has not already received one, together with samples of POSTUM and GRAPE-NUTS for personal and clinical examination.

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## TYPES OF ANEMIA

NO.  
6

### PARASITIC ANEMIA

is caused by the corpuscle-destroying action of the malarial plasmode or the devitalizing effect produced by infection with tape-worm, hook-worm or other intestinal parasite. After the removal of the cause

### **Pepto-Mangan (Gude)**

can be depended upon to renew, restore and revitalize the vital fluid, without causing digestive irritation or constipation

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IN 11-oz. BOTTLES ONLY.—NEVER SOLD IN BULK

Samples and Literature Upon Request

**M. J. Breitenbach Co., N. Y., U. S. A.**

Our Bacteriological Wall Chart or our Differential Diagnostic Chart will be sent to any Physician upon application.

## A Drink in Fevers

A teaspoon of **Horsford's Acid Phosphate** added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

### **Horsford's Acid Phosphate**

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

The Nurses' Association of Little Rock is now holding its annual meeting, and is working hard to make it a success.



### Illinois

The Lake View Graduate Nurses' Alumnae Association, Chicago, held its annual meeting at the Hotel Marlborough on May 25. Officers elected for the coming year: President, Marie Nelson, R.N.; secretary, Miss Grace Miksch, R.N.; treasurer, Miss Mary W. Allen.

The Association was invited to hold its next meeting with Miss Miksch at No. 4949 N. Leavitt Street in June. The next business meeting will be held at the hospital September 20. The business meeting was followed by a "Kaffee Klatch."

Miss Stewart, who graduated May 11, has accepted the position of superintendent of Lake View Hospital, which Miss Newberg resigned to accept a similar position in Seattle, Wash.



### Virginia

The graduating class of the Memorial Hospital School for Nurses, Richmond, held commencement exercises Wednesday evening, May 31, at 8 o'clock, at the auditorium, John Marshall High School, when the following young women received diplomas: Addie Moody Bledsoe, Eugene Mae Crump, Rena Harwood Collins, Helen C. Grant, Carrie Mae Openhaver, Katherine Pearl Patton, Lillian May Greaver, Frances Ruth Harris, Edith Jane Irving, Rosa Louise Todd, Virginia Coleman Rabitt, Myra Elizabeth Taylor, Ethel Louise Triplett, Martha Louise Webb, Walter Arthur Zimmerman. Dr. Christensen, chairman of the presiding officer, and Dr. McCall, presiding in invocation by Rev. John W. Moore, pastor of the Rabbi Edward N. Cohen, D.D. presiding over the graduates, presiding over the exercises. Dr. J. Shelton Horsley, president of the hospital, gave a musical program.

On May 25, the Association gave a public dinner at the Marlborough in the afternoon. The program was given by the alumnae association. The program was given by the alumnae association. The program was given by the alumnae association.



### Tennessee

The graduating exercises of the St. Louis Hospital, Nashville, graduated a class

of seven nurses May 10. Dr. William Bailey, chairman of the hospital board, awarded diplomas and medals to the following graduates: Miss Alberta Mills, Mrs. Cora Carlton, Miss Kate Smith, Miss Annie Barey, Miss Jennie Conroy, Mrs. Agnes Alzey, Miss Mary G. Cooms. Miss Cooms received the first honor. Following the exercises a dinner was given the graduating class by the hospital staff.



### Canada

The graduating exercises of the Lady Stanley Institute, Ottawa, were held on the afternoon of Wednesday, May 31. Diplomas were awarded to the Misses Elsie C. McKinnon, Jennie W. Bredin, Jennie Simms, Margaret Lee, Kate Forneri, Mabel C. McColl, Alberta E. Singleton, Margaret L. Ralph, Christine D. Flack, Marie Y. Doucet, Victoria E. Ray and Annie M. McLeod.



### New Jersey

The annual commencement of the Training School of the William McKinley Memorial Hospital, Trenton, was held at the State Street Methodist Episcopal Church, on Thursday evening, June 8, when diplomas were conferred on the Misses Pearl V. Carver, Elizabeth B. Carver, Mrs. Ella W. Turner, Misses Eleanor G. Eldridge, Helen DeCon and Phebe H. Bainbridge. There was a reception at the close of the exercises.

Graduates of the Memorial Hospital Training School for Nurses, Morristown, met in the nurses' home at the hospital recently and organized an alumnae association. Temporary officers were elected as follows: Mrs. John Romaine, president; Miss Edith Letcher, secretary; Miss Ethel M. Hunter, treasurer. The new organization will have for its aim the creation of a sick-benefit fund for the nurses or the endowment of a room in the hospital for the use of sick nurses.



### New York

The graduating exercises of the Training School for Nurses of the Frederick Ferris Thompson Hospital, Canandaigua, were held on the afternoon of Wednesday, May 31. The members of the Class of 1911 are Misses Luise F. Fahrig, Beatrice A. Pearson, Camilla B. Sale, Ruth A. Hicks, Charlotte B. Lewis, Alice G. Gerow.

# Menstrual Pain

is often completely relieved by a few doses of

## HYPEROL

when every other remedy except morphine has proven ineffectual. But unlike the opiates, HYPEROL never interferes with the secretions, obstructs the bowels or induces a habit. Its remarkable relief of dysmenorrhea comes entirely from its capacity for reestablishing physiologic conditions - relaxing spasm, overcoming congestion, restoring functional activity.

The benefits from HYPEROL, therefore, are by no means limited to its prompt relief of pain, and the permanent recoveries that have been effected through its systematic use in many protracted cases of functional dysmenorrhea, point unerringly to its remarkable therapeutic value in all functional diseases of women.

HYPEROL corrects the local condition and by coincidentally restoring the general health, breaks "the vicious circle."



*Interesting case reports and liberal samples on request.*

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# Antithermoline



Relieves  
Local  
Pain and  
Inflammation

(Apply Externally)

NOW SUPPLIED IN GLASS JARS  
RETAIL PRICES

5 oz.	Glass Jars - \$ .25	1 3/4 lb.	Glass Jars - \$1.00
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# New Remedies and Appliances

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## A Fine Antiseptic

Listerine is a powerful, trustworthy, non-poisonous antiseptic. In proper dilution it may be freely and continuously used without prejudicial effect, either by injection, lotion or spray, in all the natural cavities of the body. It mixes with water in any proportion, without precipitation or separation of its constituents.



## Nurses' Registry

The Fifth Avenue Directory for Nurses, under Miss Baylies' management, has been most successful in its work. Nurses are supplied with positions of every kind, from hourly nursing to hospital positions, and the registry is endorsed by the leading physicians of New York City. See the advertisement in this issue for address.



## Battle & Company

Battle & Co., of St. Louis, have just issued No. 1 of their series of charts on dislocations. This series forms a most valuable and interesting addition to any physician's library. They will be sent free of charge on application, and back numbers will also be supplied. If you have missed any of these numbers, better write Battle & Co. for them before the supply is exhausted.



## Cream Chocolate Caramels

Mix together in a granite ware saucepan half a pint of sugar, half a pint of molasses, half a pint of thick cream, one generous tablespoonful of butter and ten ounces of Walter Baker & Co.'s Premium No. 1 Chocolate. Place on the fire and boil until the mixture boils. Cook until it becomes so thick that it will harden if dropped into ice water. When you pour it into a well buttered pan, having the corners of the pan four fourth of an inch deep. When cooled, cut the block into squares. It will take fifteen minutes to boil this in a granite ware pan. After that, boil so long if cooked in an iron pan, but stir frequently while boiling. The caramel must be put in a very cold place to harden.

## A Delicious Beverage

Acidulated drinks are refreshing, especially in warm weather, but the constant use of lemons or limes is apt to interfere with the regular action of the bowels. Horsford's Acid Phosphate, with water and sugar only, makes a delicious beverage, which allays the thirst, aids digestion and benefits the whole system. It relieves the lassitude so common in midsummer, and exhaustion following excessive mental or physical labor.



## Dole's Pineapple Juice

Dole's Pineapple Juice is the absolutely pure juice of the ripe Hawaiian pineapples. At no stage of our process is any foreign element of any kind whatever added to the juice. It is handled in apparatus constructed of substances known to be free from chemical action on the juice. It contains no added water, sugar, acids or preservatives of any description. It is not boiled, but is preserved in bottles in its fresh and unfermented state by the most delicate sterilizing processes known to advanced science.



## Do Not Delay

"Red tape" in connection with Government dealings is an old cry, but when it pays to try to comply with governmental exactions, as in the case of alcohol free of tax, an official of a hospital or a college of learning could hardly feel that he was doing his full duty without at least trying to procure alcohol for his institution in this way. Then, too, as blanks and all the necessary information regarding this matter can be had free of charge from F. O. Boyd & Company, 433 Washington Street, New York City, no one, if at all interested, need hesitate in at least making an effort to secure this privilege.



## Sanatogen

To replace tissue waste in disease, protein is essential. Since meat and the proteid vegetables cannot be given, the highly phosphorized proteid, Sanatogen, more than replaces them.

Sanatogen is well-nigh completely soluble,



## Good Nurses and Careful Mothers

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# MENNEN'S BORATED TALCUM TOILET POWDER

because it is freely recommended above all others by physicians everywhere. MENNEN'S is the safest and purest of Toilet Powders. It not only **smooths** the skin but **soothes** the skin, not only **hides** roughness and rawness but **heals** them.

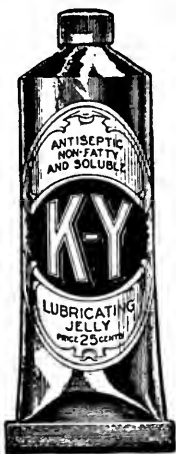


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It contains no starch, rice powder or other irritants found in ordinary toilet powders. Dealers make a larger profit by selling substitutes. Insist on Mennen's. Sample Box for 4c. in stamps

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for  
Specula, Catheters, Rectal  
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Non-greasy, water-soluble, and does not soil clothing or dressings.

Invaluable for sore hands, giving prompt relief from chaps, cracks and the irritation due to use of antiseptic solutions.

A liberal sample to nurses on request.



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Recommended by the leading specialists and physicians.

When an artificial Food for Infants is necessary Cows' milk with barley water prepared from **ROBINSON'S PATENT BARLEY** is the most effective food known and easily prepared.

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An illustrated booklet giving all information about feeding and treatment of infants free on application to

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and it is not likely to irritate the intestines and abdominal organs. In extreme cases, Sanatogen will support the weak strength unaided, but it is best given in addition to the fat and cod liver oil of the invalid menu.

There is no better. See the new written special course, it is a treat for the asking, to get a written sample. The Bauer Chemical Company, 110 E. Spruce, New York.



#### Cook by Electricity

The Cadillac Combination Stove and Toaster serves a greater variety of uses than any other electric heating device made. Eggs, chops, steaks or roasts may be prepared with it at the same time that toast is being made in the drawer beneath.

Three different heats—high, medium and low—can be obtained by means of the connections at the side of the stove, providing for fast cooking, slow cooking or simply warming dishes already prepared. The stove is five inches high and eight inches square. It may be attached to any convenient light socket, and consumes 550, 400 and 275 watts per hour respectively for the high, medium and low heats.



#### Redox

The true purpose of a dental cream is not merely to cleanse the teeth, but also to stimulate and tone the tissues within the mouth—in such a way that their nutrition will be materially improved.

Redox All-Purpose Dental Cream is, therefore, the most recently perfected excellence for relaxed or overworked condition of the mouth. "Pyorrhoea," "Tongue Disease," "Trichinosis," "Gingivitis," etc.

It is a prophylactic, a tonic to the mucous membrane, a germicide, a gum and subgingival preservative, the perfection. In the presence of inflammation of the gum and depraved condition generally, Redox will be found most effective. It is a healing, soothing, refreshing and invigorating, the only one of its kind of which we are proud. The Parfume Frederick Co.



#### Antithermoline

Dr. J. J. Moore has made considerable study of poul-tice, and has found that the use of this has long been known. Moore's Antithermoline Bacteria, however, is a new discovery. It is a growth and development of bacteria, and is supplied by the same process as the dex cod. Bacteria are used to keep the skin healthy.

but in inflammation the integrity of this covering is often destroyed—in fact, the poultice may soften the skin and permit the easy introduction of germs. Antithermoline, the hygroscopic, antiseptic poultice, inhibits instead of encourages the growth of bacteria; does not produce this effect on the skin, and retains its heat very much longer.



#### Special Course for Nurses

Among the graduates of the Carpine School of Instruction are numbered a large percentage of trained nurses, who, having become fagged out through constant nursing, have taken a course of instruction in hair and scalp treatment and other special branches taught at the Carpine School. Their acquaintance and standing as trained nurses afford them greater opportunities in the practice as a hair, scalp and skin specialist than is usual. Without one exception the trained nurse graduates of the Carpine School have materially bettered their financial condition. The directors of the school are glad to verify this upon inquiry. An investigation will cost you nothing and it may prove to be just the change you are looking for.



#### The Marshall Ventilated Mattress Co.

The Marshall Ventilated Mattress Company, makers of the celebrated sanitary ventilated mattress with over a thousand springs, especially adapted to hotel and hospital use, whose advertisement appears elsewhere in this paper, has removed its general offices, sales and display rooms to the new Karpen Exhibition Building, at 900-910 Michigan Boulevard, corner of Eldredge Place, Chicago.

The new location gives it unequalled facilities for displaying its wares. Its rooms are handsomely decorated throughout and provide every convenience and comfort for visitors. It extends a cordial invitation to all interested parties to make this their headquarters while at Chicago.



#### Post-Malarial Anemia

The invasion of the body of the red blood cell by the malarial plasmodium means the partial destruction of some and the entire obliteration of others of these vital elements of the circulating fluid. The invariable result is an anemia of greater or lesser degree, in direct proportion to the violence of the infection and the resistance of the organisms to anti-periodic treatment. After the treatment directed to the elimination of malarial poison has been completed, the vital

## Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases

The PHILADELPHIA ORTHOPAEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES, in which instruction in massage, corrective and re-educational gymnastics has been given for fifteen years, now proposes to extend and enlarge the scope of this teaching, and offers a course in these subjects which, it is believed, with the great variety and quantity of material for observation and practice at the disposal of the hospital, cannot be equaled in this country.

During the year 1910 the number of treatments given in the out-patient department by pupils in the massage and medical-exercise course exceeded ten thousand. Besides this advanced pupils have opportunities of giving general and special massage to patients in the hospital under supervision of the instructors in the course.

The subjects covered by the course will include instruction in the treatment by massage of general diseases of nutrition, neurasthenia, hysteria, chorea, etc., and by massage and exercise in cerebral and spinal paralysis, infantile palsy, traumatic injuries of the spinal cord, dislocations, joint adhesions, disabilities following fractures, burns, scars, etc.; spinal curvature and other postural deformities, flat foot, club foot, contractures and the handling of locomotor ataxia by precision and coordination exercises.

The instruction will occupy about seven months, beginning in October, 1910. Lectures will be given by Dr. J. K. Mitchell, Dr. Wm. J. Taylor, Dr. G. G. Davis, Dr. Frank D. Dickson and Dr. Wm. J. Drayton, Jr., while the practical teaching occupies from three to four hours daily.

Examinations both practical and theoretical are required at the end of the course.

Those desirous of entering the class, which will be limited in number, should apply to the superintendent of the hospital, who will send a circular with details of the requirements for admission. The fee for this course is \$100.

A shorter course of instruction in the therapeutic uses of Electricity, suitable for pupils, may be taken with the mechanotherapy or separately.

This course lasts four months, and the fee is \$25.

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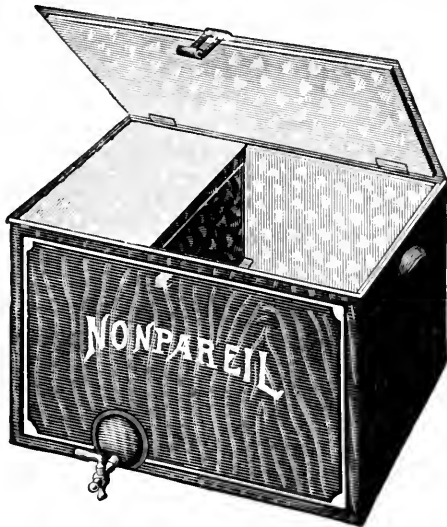
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# The Trained Nurse and Hospital Review

VOL. XLVII.

NEW YORK, AUGUST, 1911

No. 2

## Organized Nursing Service for the Average Family\*

RICHARDS M. BRADLEY

I WAS asked to speak to you on the subject of supplementary nursing, but I find it practically impossible to make such a division of my subject. I must speak of nurses, trained and untrained, and of other forms of workers in their proper relation to each other as aids for sickness in organized work. For our main starting point here and always must be *service*—the service to the family as a whole when there is sickness.

Thanks to Dr. Richard Cabot and others the hospital and the dispensary have begun to get over the one-dimension idea that the patient is a patient and nothing more; we must get over the same idea of the patient in the home. We must look at the patient as part of a family—a family distressed and disorganized by sickness. We must look at the patient as one often incapable of being really helped unless that patient's family problem is recognized and met at the same time.

In this aspect of the case, the nursing as such is merely part of a larger problem, and in considering it I will ask you nurses to be something more than nurses: I will ask you for the time to forget yourselves, as every true nurse does, and look merely at what needs to be done—namely, at the problem of organizing help for the family

in sickness, into which organization the nurse must fit herself.

I hope I can show you that by doing this the professional nurse has before her a more important function than before; one that offers her not only greater professional prizes but the greatest prize of all, the fullest use of her powers and the greatest usefulness to her kind.

The nurse, more than any of us, is going to reach her goal, not by asking "What would I be most pleased to do?" but "What does mankind most need to have me do?"

There is no need for me to state to you in its details the great unanswered problem in the service to the sick in the home—the problem of the independent family of limited means in sickness. We know it well—the lack of means to employ skilled nursing; the impossibility of attempting through the skilled nurse to meet the household problem of the broken-down family machine; the unhappy dearth of other forms of help. This is the problem for nine-tenths of our fellow beings when sickness comes, and we must meet it or acknowledge failure.

In looking for light on such a subject one naturally asks why, in this particular case, is so little use made of a common human means for accomplishing human

\*Read before the New England Association for the Education of Nurses, at Boston, May 23. Contributed to THE TRAINED NURSE.

By now I think that we have very much more than a labor in our nursing service. There has been little to supplement the labor, there is little that the nurse can do.

Nothing much in the way of efficiency can be accomplished in most cases without the intelligent and systematic coordination of one kind of labor with another. Anything else must necessarily produce great waste and destroy efficiency.

This has been a matter of ordinary human knowledge ever since the time when the ancient tribesmen first distinguished the hunter, the wood and the drawer of water from the cook and the huntsman. Yet it often happens that in one of our families, when the mother is sick, there is no one to get the dinner or care for the children unless some one with a three or four years' nursing course to her credit is brought to the task. This work may be just as important for the patient's recovery as the most skilled nursing. It is more so in some cases, but there is nothing practical or sensible in the systematic use of graduates for this purpose. In fact, it is putting it too mildly to call such an organized state of labor medieval; it would be a gross libel on the dark ages. The condition of affairs would be absurd even if it had not been often tragic.

We are not, however, a nation of fools, and the explanation for such an absurd condition is not far to seek, the only mystery is that we have put up with it too long.

Due to the fact that the scientifically trained nurse is a new thing to the world, and the world has not yet adjusted itself to the new thing to the world, Florence Nightingale's first English speaking trained nurse came only yesterday. Her teacher, Lavinia Lloyd Dock, was only a generation removed from the old and the germ theory of disease was only a few years old. The trained nurse has just reached fighting for and winning the place she has not yet fitted

into it, nor has she more than begun to get her work in hand.

She did not find the ground unoccupied when she came. The experienced nurse was there before her, and a mighty good woman she often was according to her lights, with some few exceptions of the Sairy Gamp type. Yet she had to go, and we now have the trained nurse, who does some vitally important things so much better than she, and yet does not at all other equally important things that used to be done. Owing to this defect, some of us, like President Eliot, have ventured to say that the last state of our families is worse than the first.

Now, my friends, the time has come for a change. The trained nurse is here for business, and her rival is practically extinct. It is time to organize and make our trained woman an officer instead of a deck hand, to organize service for the sick in the family, with all forms of labor, skilled and unskilled, supplementing each other just as we would in any other industry, and the trained nurse must take hold of this organizing work.

This service has got to be done, and if the present educated nurse cannot take hold and help organize and command it she must make way for some one who can. She must do this work or fail just as many another educated person has failed who cannot make his knowledge and skill fully count as it should, and so is obliged to make way for a better.

This service to the home in accordance with its needs was the basic idea of a task that was undertaken a few years ago in Brattleboro, Vermont, a town where there are few paupers and few wealthy people, where consequently the family of moderate means was the problem, though there was a hospital and a district nurse.

A body of earnest women gave the endeavor its start, and to this new work Miss Charlotte Macleod has devoted three years of a life of pioneer nursing work, whose re-

sults are felt wherever the Victorian nurses or the Waltham graduates have gone.

These women began, I say again, with the family and its needs as a starting point, resolved that they would study the actual needs of the family—not what they wanted it to need—and they organized to meet those needs as they found them.

They started with the idea that they would have a central office, open day and night to the call of distress, where the needs could be rounded up, so that they might know the task in its entirety, and organize to handle it economically and scientifically.

They determined, if possible, to have a clearing house for good offices, and they raked the community to find all the forms of labor that could be of help to the family in the emergency of sickness. They then tried to organize that labor, skilled and unskilled, in such shape that the various members of their force might do the work in cooperation, with the greatest possible efficiency and at the least practicable cost.

I cannot take your time to detail the various stages of growth and experimentation; it is still going on, and the scope for improvement and variation appears almost infinite.

The association began with a secretary in her home collecting a miscellaneous list of helpers, and answering calls as best she could. One of the most important things accomplished in the way of demonstration was the first year's work before Miss Macleod came. During this year, with very little professional help, nearly a thousand days of work was done at a cost, above receipts, of about \$300, a large part of which deficit was chargeable to charity.

This was done simply by utilizing the unskilled and hitherto unorganized forces to meet needs that were not met by all the usual and recognized modern means of handling sickness, although in the town there were all of these agencies, graduate nurses, district nurse and hospital. This

work was done much better later, but as a demonstration of the existence of the household need in every town and of the fact that very much can be done to meet it by courage and enthusiasm, and with little or no money, this year's work is an example that every community can afford to study. It shows that lack of money is no reason for not trying.

Soon, however, the increased demand and the serious problems to be faced showed that here was a field where it was worth while to apply technical skill and constructive ability, so Miss Macleod came and began building up the organized force that is now at work.

There is now in operation a regular headquarters, where a directory of graduate nurses is kept, and the staff consists of a graduate visiting nurse and a supervising nurse, with a squad of eight salaried attendants who, under supervision, do not only nursing but also, where necessary and practicable, household work and nursing combined. There are likewise five girls who are taking a year's training in housework, who do the housework for the headquarters and some outside work, going out by the hour. This last class is a recent experiment still in its trial stages.

Headquarters has likewise a complete list of all persons who can go out for service of any kind, and it likewise does a quantity of miscellaneous work that can probably be embraced under the all-comprehending head of social service.

Last month, among other things, their nursing and household service squad did 196 days of work, giving *not only nursing, but also household service*, at a labor cost of about \$1.80 a day, not including headquarters charge, but including supervision. This work usually includes several confinement cases in connection with which prenatal work is done and postnatal work is carried beyond the period of the confinement by regular visits, when the baby is weighed and

general condition and progress noted.

As I have stated, the details of such an organization admit of indefinite variation and improvement. What I believe to be of general interest about it is its demonstration of the practicability of a working combination of various kinds of labor, including nursing, to meet the varying needs of every household in sickness with sole reference to those needs.

I wish, in connection with it, to bring to your attention what I believe to be the elements that must enter into any successful solution of the problem, and I ask every member of a visiting nursing organization to consider getting together those same elements and working them into better combination with still better results.

*First.* For every neighborhood there should be a local unit consisting not only of a district nurse but of a central office or headquarters, where *all* the household needs of the neighborhood in sickness can be made known—not solely the needs for nursing.

*Second.* There should be organized from that central point the means of meeting those needs such means consisting of the various forms of labor from the graduate and attendant to the cook and chore boy, used in such coordination that the best result may be obtained at the least cost.

It would be possible to give you at great length a large number of details showing how such a force can be used to accomplish what could not be obtained by the district nurse alone or by the graduate nurse unless combined with other labor. Many of these details are probably familiar to you, but they have been used by many associations and do not often, so far as I know, as they are deliberately arranged system for the service of independent families.

I will give only two, the first showing the conditions of labor where that happened and the second giving the general method of handling a maternity case where household service is needed,

showing the great economic advantage from combination of the two kinds of labor.

No. 1: This family had no relatives in town. Both father and mother were sick in bed, and there were seven children all under twelve years of age. The rooms were naturally very unsettled. A helper was sent to do the housework, cooking, laundry and to take care of the children and of the sick people, under the direction of the visiting nurse. Extra bed linen was lent by the association. The helper staid ten days, until the mother was able to do her own work. The labor cost of this service was as follows:

Visiting nurse.....	\$ 3.50
Helper.....	10.00
Total.....	\$13.50

No. 2 (the maternity case):

"Where household help and attendance on the mother is needed the case is handled by our association in the following way:

"Engagements for these cases are usually made several months before the expected confinement.

"The supervisor calls and instructs the mother about her diet, exercise in the open air and clothing, also the necessary preparations to be made.

"At the time of the confinement the call comes from the doctor for the supervisor; she goes to the case and remains until after the delivery, giving the first nursing care to the mother and baby.

"Subsequent visits are made to weigh the baby and note his progress; if it is found that the baby is not doing well the family physician is notified.

"The attendant goes at the same time, but remains permanently in the house caring for the mother and child as well as for the other children, and preparing the meals when necessary.

"The supervisor calls every day to instruct the attendant and to see that she is carrying out the doctor's directions.

"The charge for this service is from \$8 to \$15 per week, but where particular circumstances call for it the cost can be reduced."

The following summary of a month's work will give some idea of the nature and scope of the work in its present stage of development:

	CALLS FILLED	
Graduates.....	11	11
Attendants.....	22	16
Filled by Practical Nurses.....	6	
Emergency housework.....	47	43
General housework.....	7	2
Miscellaneous.....	15	7
District nurse.....		182
Supervisor.....		19

#### WORK DONE

Supervisor.....	95 calls
Attendants.....	196 days
Practical nurses.....	20 days
District nurse.....	182 calls
Helpers.....	270 hours
Graduates (direct employment).....	12 days

As already said, it is impossible to consider the role of any one element alone in such an organized force without danger of losing the true bearings of the question.

We have hitherto spoken solely of the end in view—namely, the service needed by the family in sickness—and have tried to show how we can have assembled and organized, in its own neighborhood, the means of serving the family as a family with its household and human needs, as well as its nursing needs acknowledged and met so far as possible.

We can now undertake to consider whether nurses and others who take part in the work have a reasonable prospect of finding their positions satisfactory and having their legitimate requirements met.

Let us begin with the graduate nurse. It is perhaps a narrow view of the question to ask whether this promises a curtailment of her chance of employment, yet it is a natural question. I can say that, so far as I can see, this has not been the result, whether this be from the growing demand for graduates or from some other reason. There are in-

dications, however, that in some respects it results in a readiness to employ the graduate nurse in difficult cases when she would not otherwise be taken. This comes not only from expert advice from the office when it can properly be given, leading to that employment, but also from the fact that opportunity is always at hand of relieving the graduate nurse with cheaper service just as soon as it can properly be done.

If, however, with or without such an organization, the graduate is to extend her work to any large extent into this great field of families of limited means, it must in the end be done by means of an insurance system covering severe and critical cases of illness, and that is something that we believe such an organization can in time promote.

By such an organization we can undoubtedly give cheaper and better service by intelligent organization and coordination of labor. I believe that in some cases we can almost double our efficiency and halve our cost, but no possible cheapening or improvement can save a limited number of families, ordinarily independent and self-supporting, from being simply overwhelmed by exceptional attacks of sickness where the highest nursing skill is required. Only insurance can meet this expense for the ordinary family.

The question, however, of more or less employment for the graduate nurse is not the vital one under our present circumstances. The real question is the quality of employment offered, and the quality of nurses which that employment will develop.

Such a work undoubtedly calls for more of the higher class of nurse, and gives the kind of work that interests those who are leaders and those who have a real interest in their profession. It has little in it to interest that limited element which is content with the present status of private nursing, where the nurse is too often fated to be a luxury for the rich or a calamity for the poor.

Present a new field where an able woman, with a real interest in her profession, can see increased use for her skill and ability, a field for her action enlarged many fold, not to mention the better prospect of increased earning power that goes with the wider distribution of her professional skill.

Here, in giving her fuller chance to serve, seems to me to be the chief contribution of this form of organization to the graduate nurse's well-being and happiness.

We come finally to the much vexed question of the woman without a hospital training, who has hitherto been practically driven from the field by the utter failure to arrange for her a fitting part, although the need of her is as great as ever. She, too, comes to fit into this system.

We know the attempts made to give women a partial training and then send them out as partial nurses without supervision. They are literally forced by circumstances into a false position, and the attempt lowers the standard of nursing.

On the other hand, under a system such as this, where the non-graduate remains with the organization and has supervision, a self-respecting woman can undertake her work knowing that she will have permanent employment and will not be called upon to do work which she does not know how to do. She will work permanently under supervision from headquarters, and will

have the opportunity of training her powers so far as they will go. She will receive compensation from the start in accordance with her ability. Her status will take care of itself so long as she takes care of her work.

Here is an opportunity for the able-bodied woman who is thrown on her resources when not young enough to take a regular nursing course, and here is an opportunity for the young woman who must begin earning and cannot spare the time for the training necessary to become a graduate nurse. In this organization is the place for both of these women.

The present accepted form of local unit for help in sickness is the district nursing association, which is spreading so rapidly throughout the country. It has shown itself so wonderfully useful that it is in danger of ceasing to develop from the mere reputation of having reached ultimate perfection.

I ask your consideration for the further development of your visiting-nurse work into a local unit for general service to the sick; into an organization that shall have in itself greater possibilities for the nurse and greater powers of usefulness for the community. An organization that shall give the less skilled and educated woman a place where she is greatly needed and shall use the graduate nurse not mainly as a laborer but largely as a director of labor.

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A man's true wealth hereafter is the good he has done in the world to his fellow men; when he dies people will ask, what property has he left behind him? But the angels will ask, what good deeds has he sent before him?

—*The Koran.*



# On the Management of Children Predisposed to Nervousness\*

LEWELLYS F. BARKER, M.D.

Professor of Medicine, Johns Hopkins University

(Continued from July)

**I**F CHILDREN can be brought to behave normally in the presence of the disagreeable feeling tones just discussed, the task of educating them to control themselves in circumstances which tend to arouse the stronger feelings, emotions and passions will be made much easier. Parents and nurses are too little aware of the dangers of allowing the emotions and passions to go unbridled. The problem should be recognized and attempts at the beginnings of its solution should be made in early infancy. If a young infant be kept in a normal routine, despite any emotional outbreak which it may manifest, an excellent start in the training of the emotions will have been made. If a child learns that by crying or by an exhibition of temper it can gain the thing which it thinks desirable, otherwise unattainable, a very bad start will have been made. Children should early be given to understand that they must control themselves before their desires will be gratified. How often has an indulgent mother given a child something it has asked for in order to stop its crying and to avoid a scene! It is hard to imagine anything, in the circumstances, worse for the child. If, instead, the mother had ignored the temper and told the child that it must say "please" and must wait a few moments after its temper has been controlled, and the request has been made before the desire will be gratified, it would have been quickly possible to convince the child that it can get things by controlling itself rather than by emotional explosions. The substitution of self mastery for emotional outbreaks is easy when begun early, but very difficult, indeed well nigh impossible, if begun late in life.

Another mental attitude that bears watching is the craving of the child for sympathy. Parents are really unkind in yielding too much to such a craving. True kindness will teach the child to rely more upon self help.

Still another manifestation, common in children and fostered too often by the example of the parents, is vacillation. In one form of functional nervous disease indecision is a most prominent symptom. Parents should see to it that children are not exposed to a pernicious example in this regard. While there are some children of the "hair-trigger" type, who have to be taught deliberation in the making of decisions, there are more who have a tendency to doubt and indecision and who should be taught that it is better, after due consideration, to make a decision, even though it be wrong, and to stick to it, rather than to remain undecided.

The extent to which the fallacy of indecision may be carried is well manifested by some of the psychasthenic patients who apply to physicians for aid. Their indecision is often shown by the way in which they make an appointment with the physician, making and breaking it several times or changing the hour repeatedly before finally appearing in his office. One of these patients told me that it sometimes took him hours to decide what clothes to put on for the day. Fortunately such pathological cases are uncommon, but there is every gradation from the milder symptoms of vacillation to the outspoken and distressing indecision of the confirmed psychasthenic. The old motto "When in doubt, act," should be kept in mind by parents who note a tendency to indecision in a child.

\*Read before the Public Health Conference of the Medical and Chirurgical Faculty of Maryland, February 10, 1911. Reprinted from *The Bulletin*.

One of the stronger passions is for the mastery of ordinary life. As nervous children should, both by precept, be taught how to meet the emergency whenever it arises. So they are carried how to meet the emergency that there would seem but one way as yet for the nervous child to be exposed to a bad example. As the great writer has said, "an important feature of the art of living consists in keeping the peace, the whole peace and harmony, but the peace with those with whom one is thrown."

Parents are prone, in their daily lives and especially within hearing of children, to blame the people who surround them or to pick out whom they talk, they may utter, quite unconsciously, sow seeds of badness in young minds. Just as cheerfulness and kindness are contagious, so unfortunately, are moroseness, acerbity, churlishness and ill will, and the latter are mental states which are most harmful to the nervous system. It is entirely possible, with long training, practically to banish anger, worry, irritability and unkindness from one's life. You will be reminded with a passage in Arnold Bennett's book, "The Human Machine," which deals with the matter of blaming, of judging others, and emitting verdicts upon them. You may not agree with him, but he will make you think, at least, when he says:

"A word uttered or unexpressed, is mine. I do not blame myself. I can excuse myself to myself. I can invariably excuse it. If I forced a friend's name into it, I should explain the affair quite fully to myself. And instead of blaming myself I should sympathize with the other fellow who had been driven into such a state of mind. And I should say, 'Let me look at his mental processes, and I shall find that my attitude toward him is entirely different from my attitude toward myself.' I must admit that

in the seclusion of my mind, though I say not a word, I am constantly blaming others because I am not happy. Whenever I bump up against an opposing personality and my smooth progress is impeded, I secretly blame the opposer. I act as though I had shouted to the world: 'Clear out of the way, every one, for I am coming!' Every one does not clear out of the way. I did not really expect everyone to clear out of the way. But I act, within, as though I had so expected. I blame. Hence kindness, hence cheerfulness, is rendered vastly more difficult for me.

"What I ought to do is this! I ought to reflect again and again, and yet again, that the beings among whom I have to steer, the living environment out of which I have to manufacture my happiness, are just as inevitable in the scheme of evolution as I am myself; have just as much right to be themselves as I have to be myself; are precisely my equals in the face of Nature; are capable of being explained as I am capable of being explained; are entitled to the same latitude as I am entitled to, and are no more responsible for their composition and their environments than I for mine. I ought to reflect again and again, and yet again, that they all deserve from me as much sympathy as I give to myself. Why not? Having thus reflected in a general manner, I ought to take one by one the individuals with whom I am brought into frequent contact and seek by a deliberate effort of the imagination and the reason to understand them, to understand why they act thus and thus, what their difficulties are, what their *explanation* is, and how friction can be avoided. So I ought to reflect, morning after morning, until my brain is saturated with the cases of these individuals. Here is a course of discipline. If I follow it I shall gradually lose the preposterous habit of blaming, and I shall have laid the foundations of that quiet, unshakable self-possession which is the in-

dispensable preliminary of conduct according to reason, of thorough efficiency in the machine of happiness."

The growing child will nearly always find himself confronted by a sufficient number of disagreeable excitations to give him opportunity for the cultivation of emotional control. It is not desirable that life should be arranged otherwise for him; it would be far from advantageous to him to be protected from everything tending to stir his feelings and emotions. Attempts to follow the founder of Buddhism in the idea of educating youth by suppressing desire, and keeping the individual from the sight of suffering, care or sorrow, would lead to a race of weaklings insufficient for the struggle of life. Far better, as Ziehen and Oppenheim recommend, purposely to expose the neuropathic child occasionally to opportunity for slight emotional outbreak in order that he may by a sort of "gymnastic" of the emotions gradually learn to be master of himself.

The sensitive nervous system, if over-protected in the early years, suffers keenly when later on the principle of protection has, perforce, to give way to the principle of exertion. A lady of great refinement, who, owing to an illness which necessitated hospital treatment, was unpreparedly made aware of the world pain which exists and of which she had previously known but little owing to her mode of life, once told me how the sudden contact with suffering humanity affected her. "I saw and heard so much that distressed me that *all life seemed to be an open wound*. . . . I used to lie awake all night thinking about what I had seen or heard or suspected during the day, and *I thought I should go mad* because I could do nothing to stem that rising tide of misery and corruption." Fortunately, she was made of excellent stuff and so profited by the chastening experience that, on recovery, she joined a group of enthusiastic social workers and now labors earnestly

to improve human conditions in the city and State in which she lives.

Especial care should be exercised to prevent disagreeable feelings and emotions becoming transformed into the more persistent moods. It is often better for an emotion to discharge itself in the form of some definite act, and thus bring it to an end, rather than through the partial suppression of it have it last in the form of a disagreeable mood for a considerable length of time. Pouting, sulkiness, harboring a grudge, or bearing malice, should be regarded as symptoms seriously to be considered and corrected, for if they be tolerated in the child, habits may be begun which will prepare the soil for the development, later in life, of the seeds of enmity and suspicion; the full-grown plants are the persecutory ideas of the paranoid states.

How to manage a child in a fit of temper has been much discussed. When possible it is desirable to cut it short at the beginning. Some parents rejoice to see their children reveal a violent temper, and are glad that they can fly into a passion, turn red as a beet, clench the fists and attack the individual with whom they are angry. Such attacks if frequently repeated are very deleterious to the nervous system. Some parents try to stop them by petting or indulging the child, a kind of licensing of irritability which rarely, if ever, pays; others threaten the child or corporally punish him, a mistake, usually, in the other direction. As a rule, most may be accomplished by purposefully ignoring the attack, perhaps isolating the child for a short period; in some cases a warm bath and the bed may be the best remedies! In older children the habit of giving way to temper may sometimes be broken by inculcating the conviction that one who loses his temper makes a fool of himself, loses his dignity and excites the disdain and contempt of his fellows; the horror of looking ridiculous, of making a donkey of one's self, may be a most power-

... leading to a tendency to attack ordinary.

All children are easily frightened, but the child predisposed to nervousness, more easily than the healthy child, becomes the victim of abnormal fears or timidity. The Italian physiologist, Mosso, writing on "fear," once said: "Every ugly thing told to the child, every shock, every fright given him will remain like a minute splinter in the flesh, to torture him all his life long." In Greece and Rome the children were frightened with the lamias, or female demons, who would charm them and suck their blood, with the one-eyed Cyclops or with a black god, Mercury, who would come to carry them away. And this very pernicious error in education still prevails. The mother, the nurse, the maid and the servants still frighten the child with tales of the bogey man, of goblins, of ogres, of wizards and of witches. How often is a child frightened to tears, its disposition spoiled and its life made a burden by tales, threats or tortures which make it timid and shrinking, sometimes fears are thus started which last through life. One must learn how to deal with the fear of being alone, the fear of the dark and the fear of thunder and lightning. Certain fears common to childhood are easily overcome, especially through the example of courage set by parent, nurse or teacher.

In some instances, however, the fears are a symptom of disease and when there is doubt a physician should always be consulted. A young girl, recently brought to me because of an unaccountable, persistent and distressing fear of "burglars in the house," was found to be suffering from exophthalmic goitre; on removal of a portion of the thyroid gland by Dr. Halsted the child rapidly improved and on last report was only occasionally troubled by the fear; it is very probable that she will soon be entirely free from it. Children who suffer from "night terrors" often have adenoid growths

in the nasopharynx; on removal of the growth by a slight operation the "night terrors" disappear.

In his book entitled "The Natural Way in Moral Training" Patterson DuBois emphasizes the importance of what he calls "nurture by atmosphere," by which he means the indirect education of the feelings, and John Dewey asserts that "The feelings and sentiments are the most sacred and mysterious part of the individual, and should always be approached and 'influenced indirectly.'" More can be accomplished by the setting of a good example in enthusiasms, depreciations, reverence and admirations than by direct preaching.

Let no one think, however, that lack of feeling, or a nature impoverished on the emotional side, is desirable or that it protects against nervous disease. The elevating emotions—hope, joy, expectation, love—are constructive and are judiciously to be cultivated; the depressing emotions—despair, sorrow, regret and fear—are damaging to the nervous system if long maintained. The highest feelings of all—including the religious, the ethical and the esthetic—inspire noble and useful conduct, and in the education of nervous children these sentiments are to be favored in their development in due degree, at a suitable age.

It is a serious mistake to lead the young child into experiences that belong properly to a later age. When children under ten years of age are made to travel extensively, to visit museums and picture galleries, to attend the theatre and the opera, they are introduced to entertainment wholly unsuited to their time of life and which they, in their immaturity, are entirely unfitted to enjoy. Later on, at an age when they should learn to know such things for the first time, the attractiveness of novelty is wanting; they are cheated of the pleasures which normally should be theirs. As Oppenheim well puts it, a "child's childishness is its greatest asset."

On the training of the religious, ethical and esthetic feelings time will not permit me to speak though I regard the topics of the greatest importance for the health of the nervous system. Certainly the cultivation of the love of nature, of truth, of goodness, of beauty and of humanity cannot help but strengthen the character and the will. The altruistic feelings, when they begin to appear, should be given opportunity for expression.

Above all, as a factor making for the health of the nervous system the joy of work must be referred to. It is one of the greatest pleasures life offers; moreover, it compels concentration of attention and protects from all the dangers which attend upon idleness. "Education to idleness is education to nervousness." Overwork must be avoided; neither bodily or mental fatigue should be permitted in excess. Regular, systematic, enjoyable work, suited to the interests and powers of the worker, is the best tonic I know of. If the work can be in the country, rather than in the city, all the better, especially for those with nervous predisposition. The enjoyment of nature possible in the country, the opportunities for work in wood, field or garden and upon the river, keeping the worker much in the open air, exercising his muscles, drawing his attention away from himself and fixing it upon things outside—what conditions could be more favorable to the health and happiness of the nervous child? If the nervous children that we see in town should be transplanted to villages and the country—away from the din and bustle of the

city, its restlessness, its haste and its feverish excitements—what a host of advantages would accrue! The schools are growing ever better in the country; in many country districts they are now excellent. The movement which began with the New School of Dr. Cecil Reddie, in Abbotsholme, England, and which has led to the Landerziehungsheime of Lietz in the Harz, and in Thuringen and of Trüper, near Jena, should be followed and imitated in this country.

In any case nervous children should not be sent to school too early; preferably they should start a year or even several years later than the normal child. And in the schools they should never be pushed ahead too fast; competition is dangerous for the nervous child. The mistaken ambition of parents who desire their children to head the class is often responsible for serious injury to health.

Sleeplessness is always a danger signal. In children it is most often due to indigestion or to mental overstrain; occasionally to premature sexual excitations. If insomnia appear and especially if it persist the parents should consult a physician.

Medicine, psychology and pedagogy are all concerned in solving the problem presented by the nervous child. These sciences have already made great conquests; what the future may hold for them, who will attempt to foretell? Let us avail ourselves of the knowledge we have, doing what we can to dispel the scepticism of the ignorant and at the same time avoiding the futile enthusiasm of those who believe they know all.

#### WRONGS OF THE POOR

**D**EPARTURES from the old way in things educational come in for hard raps, first and last, but not often are they assailed as in this letter which a glowering boy handed to his teacher the other day: "Madim you kepe teling my son to breeth with his dierfram I sepose rich

boys and girls all has dierframs but how about when their father only makes 2 dollers a day and theres 4 younger I tel you its enoug to make everybody socialists first its one thing and then its another and now its dierframs its too much." —*Woman's Home Companion.*

# Smallpox\*

CARL W. SAWYER, B.S., M.D.

**B**EFORE Jenner's time smallpox and variolæ were the two great scourges which beset Europe and Asia. The former probably claimed the greater number of victims. Since his monumental work the dread of every of vaccination smallpox has gradually declined until now it ranks low in the list of death-dealing diseases. It has probably been known from well beyond the Christian era. Chinese writings show that it was a common disorder long before European countries appeared in history. In fact, a form of vaccination against the disease was evidently practised by the Egyptians.

While the common name among English-speaking races is smallpox, each nation has a separate terminology. The French call it *la petite peste*; the Germans call it *blattern*, the Irish call it *bolgach*; the Scotch call it the pox. All of these names as you can refer back to the same conception, a condition in which the patient is covered with small pockets of pus. The word *small* differentiates it from syphilis, which was called the large pox because of the great size of the pus pockets in untreated syphilitic case. The scientific name of the disease is *variola*, which comes from the last word *varia*, meaning a blotch or eruption. The whole word means a small blotchy eruption.

**Definition.**—As known at the present time, smallpox is an acute infectious disease, characterized by an eruption which passes through the stages of papule, vesicle, pustule, and crust.

**Etiology.**—The direct cause of the disease is unknown. Various theories have been advanced but none fully cover all conditions. Numerous organisms have been isolated from time to time but all fail to

fulfill the tests for the complete proof, and consequently have been discarded. Even modern methods of investigation have failed to throw any definite light on the subject and the writings of the active worker, Sydenham, although published years ago, are still one of the most reliable treatises on the subject.

In fact, the disease bids fair to slip into history as one of the enigmas of medicine, which the doctor has conquered without knowing the character of his foe or the means of his conquest.

No age is exempt; it attacks alike the unborn child, the being in the prime of life, or those on the shady slope of their existence. It is especially perilous in the case of small children; most of those attacked die from its ravages. Both sexes are equally affected. No race is exempt. The death list is greater among races strange to it and to vaccination. For this reason it seems that it is a disease which after generations can work itself out. The exact mode of spreading is unknown. The organisms that cause it (and there is but little doubt but that it is caused by some organism) is developed within the body of the patient and is spread from the pustules which form.

It is said to exist in the various excretions and secretions of the body and to be present in the exhalations of the lungs and skin. Consequently, if you are caring for a patient suffering from this disorder you must take care to thoroughly sterilize all discharges from them and to choose carefully the points for ventilating their sick chamber.

The dry scales are probably the most dangerous substances. These pulverize easily into dust, float in the air, and adhere

closely to all clothing, furniture and the like. There is still some doubt as to whether or not the contagion travels in the air. Most of the proof which has been brought to show that it does indicates that it disappears rapidly with the increase of distance from the source of infection. Probably at most, 200 yards is the limit of its progress. One characteristic of the disorder not to be overlooked is the fact that it lies dormant for a great time, suddenly breaking out in a severe epidemic. Another is that from a mild case may come a severe one and vice versa.

*Pathology.* As stated earlier the disease passes through the various stages of papule, vesicle, pustule and crust.

Early in the disorder the papules form. These are small, hard, shotty areas, limited entirely to the outer layer of the skin. Very soon after a necrotic area develops in their center which softens and is surrounded by inflamed tissue. Serum forms under the outer layer of the skin and a small blister called a vesicle appears. The early necrotic area becomes hollowed out, the top of the vesicle collapses, forming a slight depression on the outer surface. This is the so-called umbilication. White blood corpuscles go into the serum and the whole area has the appearance of a crust over pus, consequently this stage is called the pustular stage.

In cases where this condition is marked the individual has a most unsightly appearance. Once seen it will never be forgotten. This stage alone, without the old-time fatality of the disease, would make the disorder a terrifying one.

Gradually the pus disappears, either by absorption or by seepage through the covering membrane, and the whole mass dries into a hard crust or scale commonly called a "scab."

If the necrosis has been extreme, reaching through the deeper layers of the skin, scarring will result; otherwise the new skin

which follows the disappearance of the crust will be smooth and normal.

The mucus membrane of the mouth, tongue, palate, pharynx, larynx and rectum may also be invaded. Care should be taken to see that they are kept clean by antiseptics.

Ordinarily and to the laity there is but one form of smallpox. Correctly speaking there are really three, each having certain characteristics making it differ from the others. These are commonly named as follows:

1. *Variola vera*, or true smallpox. Of this form there are two varieties: *a.* Discrete. *b.* Confluent.

2. *Variola hemorrhagica*, or smallpox with blood appearing in the pouches. This is the so-called black smallpox.

3. *Varioloid*, a smallpox appearing in people who have been vaccinated.

*Variola vera* is the most common form. We will use it and its symptoms in describing the disease in general. Later we will take up how the other forms differ from this one. For convenience the disease can be divided into four stages—first, incubation; second, invasion; third, eruption; fourth, desiccation.

The period of incubation is that time from when the individual first comes in contact with the cause of the disease to the time when he develops the first symptoms. This stage lasts from nine to fifteen days, the average period being about twelve. Some cases have been known to develop on the eighth day after exposure and others have gone as long as twenty days.

As soon as any symptoms appear the stage of invasion has commenced. This is the time during which the disease is engulfing the individual, or, in other words, the period in which it is spreading throughout the individual. This period is usually ushered in by chills, and sometimes by a very high fever. As, in many other diseases, so in this one, three cardinal symp-

stand out very plain in the disorder. These are intense frontal headache, severe pain in the lumbar region of the back, and vomiting. The pains in the head are very severe and these in the back are worse than those complained of by any individual in any other disease without more premonitory symptoms.

The temperature rises to 104 to 105 degrees. The pulse is rapid and full. In some cases there is a very marked delirium. Along with this come all the other symptoms of toxemia. That is the flushed face, bright eye, dry skin, profuse sweating and coated tongue. Late in this stage there may be slight red rashes over the individual. Ordinarily, however, these do not begin until the third stage, or what is known as the period of eruption.

During this stage the individual breaks out in an eruption of either a discrete or a confluent form. In the discrete form there appear on the edge of the forehead, near the hair line, and on the wrist small red spots. Later these extend so as to cover the other portions of the body, especially the arms, trunk and legs. These red spots go through the processes described earlier. First they turn into vesicles, become umbilicated, then change into pustules, being usually of a yellow color in this last condition.

While these changes are taking place, the general condition of the patient is good, but as soon as the pustule form the temperature begins to rise and the general symptoms return. It is during this last period—that is, the period of pustulation—that the patient has such a horrible appearance, owing to the fact that the pustules are first enlarged and then begin to shrink. In this form the pustules stand out as separate tubercles, and occasionally do two or more of them occur.

In the confluent form the appearance is somewhat different. The general symptoms are the same, severe, the eruption comes out earlier and it covers greater surfaces

of the body. The pustules when they form rapidly break into one another and in places give large areas of the skin the appearance of being one large mass of pus. This form also has a greater tendency to affect the mucus surfaces, as stated earlier in the lecture. On the eleventh or twelfth day the patient either makes a turn for the worse and there is a fatal termination or else he shows signs of improvement and goes into the last stage—that is, the stage of desiccation.

In this, the last stage, which comes on at about the beginning or middle of the third week, the pustules break and pus runs out of them. Within a few days the other symptoms of the disorder subside. Next the crusts fall off, usually beginning on the face, and the disease is at an end.

While this is the general course of the disorder in the ordinary case, there occasionally comes one in which large hemorrhages take place and the patient has what is called hemorrhagic, or black, smallpox. Up to the pustular stage this form remains the same as the one just mentioned. Then, however, hemorrhages take place into the pouches and give the patient a purplish-red or black appearance which is very terrifying. Fortunately this form of the disorder is rather rare.

In the third form—that is, in varioloid—the symptoms are all much lessened than they are in the other two forms. As stated earlier this form of the disease appears in people who have been successfully vaccinated. With them it runs a much milder and shorter course and is very seldom fatal.

Complications in smallpox are very few considering the severity of the disorder. Laryngitis takes place owing to the fact that the mucus membrane in that organ is invaded by the pox. Bronchopneumonia may also supervene and in many cases is the cause of a fatal termination.

Nervous symptoms of delirium, in children convulsions, oftentimes occur, but they



are more the result of the toxemia than of the disease itself.

The eye is one of the organs which is occasionally affected, especially the outer membrane of the eye—the conjunctiva. You should always use measures to keep this clean. If the slightest sign of pus forms in the eye, you should ask the doctor for some solution with which to wash it out. At the height of the disorder the patient should be kept in a semi-darkened room.

The prognosis depends upon four things: First, whether or not the patient has been vaccinated or had a previous attack of smallpox. Second, the virulence of the disease. Third, the general hygienic conditions surrounding the patient. Fourth, the presence of complications.

As stated earlier the complications are few and consequently do not cause much trouble. Nowadays the general hygienic conditions of the community are so good that the cases have very little chance to succumb from neglect in this regard. One sorrowful feature of the disease is that in small communities the individual is usually placed in a so-called pest house. This, under ordinary circumstances, is merely a shelter, and it has been known that patients sent to them have died from the disease who would not have done so had they been given proper care and attention.

No one suffering from this disorder should be neglected. The larger cities have all established isolation hospitals where the hygienic conditions are the very best. As a result many cases which formerly would have died are now being relieved entirely of the disorder.

The virulence of the disease is entirely beyond the control either of the doctor or the nurse, so it is not a thing that can be influenced or changed so as to lessen the mortality.

By far the greatest influence on the disease is exerted by whether or not the individual has been vaccinated. There are

many persons who claim that vaccination should not be carried out. I wish to give you the statistics from an American hospital and also from an English hospital, and I will allow you to decide for yourself which way you think is the best.

The Municipal Hospital, of Philadelphia, reported 2,831 cases of smallpox, none of which had been vaccinated previous to their present attack. Of this number 1,534, or 54.18%, died, while of 2,169 cases of smallpox that had been vaccinated previous to the present attack, only 28 died, or 1.29%. As you will see, your chances of living by being vaccinated are a little over 53% greater than they are if you are not vaccinated.

To put this matter before you more forcibly I wish to state it in this way. We will place a group of 100 people before us. We will aim at them a cannon which when fired kills 54 of them. We place another group of 100 people before us, but we place on their arms a small scar. We aim at them the same cannon and only one of them drops dead when it is fired. I will leave it to you as to which group you prefer to be in—the first or the second, the vaccinated or the unvaccinated. This is the actual condition which holds good in the case of smallpox.

The English report which I wish to give you comes from the Cork St. Fever Hospital, at Dublin, and covers a period of over 53 months. During that time 2,801 cases were admitted. Mr. Moore in summing up the cases makes this statement:

“The influence of vaccination for good is unquestionable, the mortality being 50% among the unvaccinated in general, 26% among the badly vaccinated, and only 2.3% among the efficiently vaccinated.”

Other statistics could be brought forth to prove these claims, but we will not take the time to burden you with them now.

The treatment of the disorder, as far as the nurse is concerned, divides itself into three large subdivisions: first, medicinal and

hygienic; third, preventive.

The first division, that of medicine and curative measures in general, should be left entirely to the doctor and those measures carried out which he orders. The hygienic measures will be almost entirely in the hands of the nurse. Remembering the fact that the disease is a highly contagious one, a large number of conditions are instantly outlined before you. All of the trappings of the room should be as simple as possible. The quarters should be isolated absolutely from all other inhabited quarters. Unnecessary furniture, curtains, carpets and the like should be removed. A good water supply should be accessible, the room should be well ventilated, and there should be a handy method of disposing of the excretions from the patient. No articles of any kind should be permitted to leave the sickroom unless they have been thoroughly sterilized. The patient should be kept absolutely clean, the linen being changed very frequently. Especially should this be observed in the pustular stage. The patient should have good food and plenty of warm drink. He should be free from all sources of worry and annoyance.

The complications should be met as earlier stated. It was thought at one time that the severity of the disease was greatly lessened by excluding light from the sickroom. Much of the work done at that time has been exploded, nevertheless it is a wise precaution to keep the patient in semi-darkness, and when the eruption is at its height to have the room very well shaded.

The preventive treatment can be divided into three classes: first, the destruction of the virus before it can affect an individual; second, the adoption of measures which will have the result of increasing the ability of the individual to resist the disease; third, the strict enforcement of a rule relating to quarantine. The first can be accomplished

by disinfection. As the virus of smallpox is very resistant to all ordinary means of disinfection the greatest precaution should be taken when carrying out this act.

As far as possible all clothing which has come in contact with the patient should be absolutely destroyed by fire. The bodies of all cases terminating fatally should be wrapped in sheets wrung out of 1-1000 bichloride of mercury solution. Bed linen, clothing which cannot be destroyed and other things which can be soaked in water without hurting them should be placed in a 1-500 bichloride solution or 5% carbolic-acid solution and allowed to remain there for anywhere from 10 to 24 hours.

After the sickroom has been vacated it should be thoroughly disinfected with formaldehyde. Absolutely nothing should be removed from the room until the formaldehyde has had time to permeate every section, then the doors and windows should be opened and the quarters thoroughly ventilated. Patients recovering from the disease should take a thorough bichloride bath, including the hair and face, before leaving the sickroom.

The second process, that of increasing the power of resistance to those liable to the disease, is simply a matter of carrying out strict physiologic laws, or the normal laws of health. The patient should stay away from all places where there is any danger of contracting the disease. Those who have been exposed should keep themselves in the very best of health possible, avoiding excesses of all kinds.

The third step, quarantine, is fortunately not left to the general public to be carried out. Instantly upon the appearance of a case of smallpox in the community then Law steps in and takes such measures as it deems advisable to stop the spread of the disease. The patient is absolutely isolated from all surrounding individuals. All those who are suspected of being liable to infection are also isolated and kept under

observation for a certain length of time. Ordinarily the period of quarantine lasts 17 to 18 days, or in the case of patients who have had the disorder until every scab or scale has fallen off.

We will not take up here the matter of vaccination, as that is almost a complete subject by itself. No person coming in contact with the disease should do so without having had a successful vaccination. Of all the measures you can pursue this is probably the greatest to overcome the disorder.

In Montreal alone in 1885 over 3,000 per-

sons died within a very short time owing to the fact that the health authorities had not enforced the vaccination laws.

Jenner has become one of the greatest, if not the greatest, benefactor to mankind up to the present time. The few cases which he treated himself were limited to a hundred or less, but as the years go by the number of lives which he will save will mount into the millions and billions, for the time will certainly come when smallpox will not be known, nor feared by any community or any race.

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## A Summer in a Labrador Hospital

E. A. F.

THERE is no form of good work that makes a stronger or more universal appeal than does the Royal National Mission to Deep Sea Fishermen, to which Dr. Wilfred T. Grenfell is devoting his time and strength, the skill of a splendidly equipped surgeon and the spirit of consecration of a true follower of the Great Physician. Much has been written about the work, and lectures on the subject draw crowded houses, but no one can fully appreciate the importance of what is being done and its far-reaching results unless he has seen it for himself. It was the writer's great privilege to spend a summer in the hospital at Battle Harbor, Labrador, and the experience was one which can never be forgotten.

Our party for the journey consisted of a schoolmaster, a physician and a nurse, and the start for our far-off field was made on a rainy morning in June. Rain could not damp our enthusiasm, however, and every day of the journey which was made, partly by rail and partly by boat, was filled with interesting sights, new experiences and amusing incidents.

After a trip through Maine and an encounter with the customs officials we left our own country behind us. Nova Scotia impressed us as being in a neglected state; here and there we passed comfortable farm houses but many acres had been swept by forest fires. At Mulgrave our entire train of twelve cars was ferried across to Point Tupper by the great steel tub "Scotia." Cape Breton Island we found charming, with its many inland lakes, or lagoons, among which our train wound in and out, at times appearing to approach a point where there was no land on which a railroad could be built, when all at once a beautiful stretch of country would open up ahead. After a change at North Sidney Junction to the steamer "Bruce" for a short trip, in which we experienced rough sailing in a compressed form, a fine breakfast on the Newfoundland steam cars was comforting and refreshing, while the magnificent scenery began more and more to claim our attention. The bold outlines of the mountains on one side and the broad expanse of the Gulf of St. Lawrence on the other, with its many shades of

water and the spray tossing into the air, made an impressing picture, rendering the scene more attractive to our Southern eyes. The snow still visible upon the mountains, although the date was the eleventh of June. Little flat rooted houses, with clearings about them, nestled at the base of the hills. The vegetation was scrubby, the tree trunks short, thick and twisted, with almost no branches. People who have visited Norway say that the scenery of this section is almost equally romantic, the blue and purple tints of the mountains, with the mist rolling around them and the color changing into green at the base, producing wonderfully beautiful effects.

The little narrow-gauge railway, with its primitive sleeping and dining cars, is the only road on the island, and it gives the people but one train a day, which makes no attempt to run on schedule time but waits for the boat, while the boat in turn waits for the train.

At length we saw from the car window the Bay of Islands, and the steamer "Home" sending a cheerful smoke skyward as she waited for us, and presently we were floating away northward over the beautiful waters of the Gulf of St. Lawrence.

Frequent stops were made to leave freight for the lumber factories along the route, this country being a flourishing one in Newfoundland. At a most picturesque place called Cow's Head the whole population, about 1500, came out in little dories and literally surrounded the steamer. At one point a flock of a hundred or more wild geese came circling around us within easy reach, and they were a lovely sight. As we proceeded northward, heavy clothing became unnecessary and we began to hear the cry of the caribou.

The voyage was a rough one, but as we approached the Labrador side the water grew smoother, and then at last there dawned on us what the Gulf we had come to sum-

wonderful North can only faintly imagine its majesty—the marvellous shades of coloring on the rock-bound shores, the bays and "tickles," the wonderful sunsets at 10 p. m., with their long streamers of brilliant light and the purplish afterglow. The "Devil's Dining Table," a flat rock two hundred and twenty-five feet high, its base on one side forming perfect columns, made us wonder how even the imps of Satan could reach it to conduct their nightly revels.

As we came in sight of Battle Island, the steamer blew her whistle, which was answered by a grand chorus from all the dogs on the island and surrounding ones, while the picturesque fishermen in yellow oil-skins, flitting about in their boats, made their way toward the steamer. Our own boat was lowered to convey our party and the patients who had been taken aboard en route to the wharf, and at nine o'clock in the evening we found ourselves at the hospital, strangers in a strange land.

A very strange land indeed it seemed to us that first Sunday morning. The ever-present dogs of the North country were howling under our windows and the prospect of breakfast, with the store room containing only tinned supplies that had stood over winter, seemed a dubious one. It turned out better, however, than in our inexperience we had anticipated, and everything indoors and out served to increase our interest in our new surroundings.

In the far distance across the strait we could see beautiful Belle Isle, the horizontal strata of the rocks looking like terraces on the hillside and in some places reminding us of pictures of the "Giant's Causeway" in our old geographies. In the sheltered side of Battle Harbor, between Little Battle Island and the mainland, lies Great Caribou Island, on which many battles were fought between the Eskimos and the Indians, the Indians at last gaining the victory and driving the poor Eskimos further north. Battle Harbor is a scene of great activity in a good

fish season, as it is really the center of the fish industry of this section.

Icebergs often came within range of vision, and were wonderfully beautiful, constantly changing in outline and coloring as they floated slowly and majestically past. Besides the blue-white hue in which imagination pictures them they appeared in places to be violet, purple, pink, green and pure white, while the black water at their base threw up a spray about them.

The clear air seemed as sweet as sugar, resting one in mind and body. The hillsides bloomed with little Alpine flowers, and abounded with the Labrador tea plant, which the natives dry and use for making a beverage. The moss was beautiful and in great variety, but of the few little trees the tallest one I saw was only thirteen inches high.

Our greatest interest, however, of course centered in the hospital and the work done there. As one approaches it the most vivid impression is of the significant motto, in letters two feet high, "Inasmuch as ye did it unto one of the least of these, ye did it unto Me," and this impression is never lost while one remains there. The buildings consist of the hospital itself, the home of the internes, a supply building, guest house, clothing store, tool house, storehouse and laundry. It is a cozy place, and has proved a true shelter in the time of storm to many sick or injured fishermen. This hospital is one of four, and the mission equipment also includes many schooners, cooperative stores, launches and, most important of all, the hospital ship "Strathcona." Not long after our arrival we were joined by another party of workers, of whom one was an expert dietician, whose arrival made the household nearly dance for joy. Beside more than fulfilling our anticipations in her special line of work she became at once our social and spiritual leader, and the real lady of the guest house. Another very welcome new comer was the man with a typewriter under his arm.

In spite of its small quarters and lonely location the little hospital is prepared to handle every sort of medical and surgical work, from the drawing of a tooth to the most modern treatment of appendicitis. There was, of course, much surgical work, sea boils and ulcers became familiar sights, and even cut throats and drowning accidents figured in the summer's work. The patients were of a type quite different from those met with in great city hospitals, and were a source of endless interest and often of amusement. They address all nurses as "Sister." One man who was spending the summer in Battle Harbor, living on his schooner and fishing, came up to the hospital and wanted to talk to "Sister" about his daughter. "Her went up to Boston town," said he, "to learn to dressmake, and an automobile run into she, and her was all broken up. My woman and I we found it very tough on we, and us felt it was wonderful hard. Could Sister tell we how it is up there?" "English as she is spoke" is a complicated study in Labrador—one scarcely hears the pronoun "it" at all, but always "he" or "she," as "Where shall I put she, Sister?" or "There is a box come, Sister; shall I bring he in?"

Many of the fishermen are splendid-looking fellows, their fine physical condition being doubtless due to their outdoor life and exercise. There is little drinking and almost no profanity on the coast. No licenses are granted, as Dr. Grenfell is custodian of license, and when drinking places are found—the Eskimos call them "shebeans"—they are promptly raided. We heard of one barrel of rum being landed in Battle, to which the doctor took an ax, breaking in the head of the barrel so the rum ran in a rivulet down the hill. Tea seems to be the chief drink and, indeed, the chief sustenance of the people; it is always offered to the passing guest, hospitality being plentifully bestowed even when the household supplies are very limited. The peo-

and a confidence in medicine that comes from some simple fact, that is, that a positive cure is possible. The pleasure to live among the natives and help being impressed on the memory and the uncomplaining way in which they bear hardships.

Many other cases were interesting from the nurse's point of view. One patient from the north had walked seven miles across the ice to the "tickle." He reached the hospital with a fever, consumed with thirst and suffering severe pain. The history of the case was a familiar one here:

"A week ago, in the land three weeks ago," he said, "I was badly septic by this time, calling for the knife operation. Many wounds and other injuries had been made much worse by the liberal use of molasses as an external application. It is a favorite remedy on the coast, to which the natives pin their faith, and which they use for all purposes, and always with dire results, weeks of hard work often being required to undo the mischief this brought about. Our house doctor suggested that a new prayer be added to the prayer book for Labrador: 'Thou great God, thy doctors, good Lord, deliver us from this evil!'"

It is a fact that he visits the hospital once a week, and on one occasion a patient, who had traveled a long distance to the hospital. He was a young Christian man, who had waited patiently for months for the opening of the hospital and an opportunity to see the doctor.

Often wondered how we at home could wait long months for medical attention and do so uncomplainingly.

One patient, male or both sexes, and all the others were of the same. A little girl of

Had a pain in the chest, great dullness of the chest, with pronounced

middle lobes, and pleural effusion. The left side escaped entirely. Her convalescence was rapid and uncomplicated. Her temperature, which had been  $104^{\circ}$  F., fell by crisis on the eighth day to  $96.8^{\circ}$ , her pulse from 152 to 120, and her respiration from 72 to 18; the resolution of pneumonic exudate was rapid and complete, the lower, middle and upper lobes clearing in the order given. We were able to discharge her one week after the crisis, the temperature having been normal for two days. She was kept in bed by an open window, and for nourishment was given goat's milk, diluted, with bovine added. We gave her a sponge bath at  $60^{\circ}$  F. every time her temperature rose above  $102.5^{\circ}$ , twenty-one baths in all, and an enema every morning. The medication used was caffeine and syrup of co-cillana, each at six-hour intervals. She was a decidedly rebellious little patient, and it required persevering effort to accomplish the necessary routine of work.

A little Eskimo girl was a most interesting patient. Picked up by one of the winter nurses and brought into the hospital she eventually found a home at the orphanage of St. Anthony. She learned quickly, had a good ear for music and was so devoted to her first real doll that we felt sure she had a good portion of the maternal instinct. Another little girl patient told me she "could spell 'mother' just fine." "Oh, do let me hear you spell it!" I exclaimed. "Well, if you will tell me what goes into it I'll spell it for you!"

When cases multiplied so fast that we were obliged to be up until 2.30 and rise again at 5.30 we were ready to pray for more nurses. Seeing three new arrivals coming from the mail boat we met them at the door with the question: "Is one of you a nurse? If not, we shall throw you into the bay!" To our joy there was an affirmative answer, and the new recruit was soon on duty. But there is so much to do during the season of open water that if eating and sleep-

ing could be eliminated from the day one would be glad of the extra time. Every day of our stay was filled with more demands than could be attended to, and it was positive pain to be obliged to refuse the calls upon us. It was no uncommon thing to have many more patients than beds, and as no one is turned away without help it was up to "Sister" to find quarters for them all, and right busy it kept her ingenuity at times.

Dr. Grenfell's name is a loved and honored one along the coast, and it is an everyday occurrence to hear some one say: "The Lord sure do kape an eye on that man!" What he has been to these poor, benighted people it is difficult to find words to describe—a fearless mariner, a surgeon, a minister, a loved and trusted friend, a sympathizer in every detail. It is no uncommon sight to see the doctor sitting by the bedside of some broken, old derelict of a fisherman, listening to the whole story of the poor man's life. No danger is too great for Dr. Grenfell, and no call is considered

lightly. Off through the fog and storm he goes, often guiding the steamer by the roar of breakers, sometimes making the wharf in front of the hospital under difficulties in the middle of the night. Running a steam engine or doing a difficult surgical operation, it is all one to the doctor, and he takes it all with joy and calls it jolly good fun. He is deeply in love with this land of polar currents, as one realizes from reading his books, where the real fisherman of the Labrador lives and moves before the reader.

If any nurse is out of love with life, she cannot do better than to go and help Dr. Grenfell; see this work at first hand, learn the real meaning of the word "poverty," and get an insight into the lives of the hundreds and thousands of people that the mission is able to help, to teach and to heal. As those to whom she has ministered rise up and call her blessed, and she feels and knows that she is remembered in their prayers, she realizes that there is no work on earth where the investment of time and devotion pays larger dividends.

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### A MORNING PRAYER

**L**OOK very tenderly upon me this day, gracious Lord, and strengthen my heart with Thy love, that my hands may be strong for Thy service. Help me to follow the ways of peace and to cultivate with diligence the art of being kind. May I leave no little kindness undone while waiting for an opportunity to do some great thing. Teach me how to give a cup of cold water in Jesus' name.

Help me to quench somebody's thirst; to cool some fevered brow; to bathe the temples of the faint; to refresh somebody who is weary.

Teach my lips to speak words of love, of tenderness, of courtesy. Help me now to do the thing that needs to be done now, making the most of each golden moment as the priceless gift of Thy love. And all through the day let me serve Thee and my fellow men with joy and with a gentle hand, and whatsoever may befall, may my heart be kept tender with the thought of Thy goodness to me.

*Edward Leigh Pell.*

# The Care of Chronic Patients

JIMMY L. MARSH

EVERY chronic patient is a study as regards comfort, and each will call for the device to suit his special case, for the adjustment of methods ordinarily used will not fit his individual needs. Acquaintance with a case will often enable a nurse to accomplish lifting and moving and changing the bed with greater ease than if two or three nurses were to undertake the duty. In the care of chronic patients, the nurse the patient and not the disease seems an especially necessary consideration.

In many chronic patients some portion of the body needs to be bandaged at regular intervals. On the proper adjustment of the bandage to some extent at least will depend the patient's comfort. It may be added, few things will do more to inspire confidence on the part of both physician and nurse than the ability to skillfully apply a bandage of whatever kind happens to be needed. It is one of the practical points on which the nurse of today is apt to be weak. It is well to have the bandage look well when it is on, but it is by far more important that the nurse have a clear understanding of the purposes for which the bandage is to be applied, and to make sure that it exercises the pressure or gives the support which is intended. A bandage improperly applied is practically useless.

Even though chronic patients may be almost helpless, so far as cure is concerned, the nurse's attitude conduces greatly to comfort during the day and nights, which is perhaps the most earnestly to be worked for. Such comfort should be fostered in every legitimate way. One thing will need to be done and the patient's peace of mind and comfort and rest of body is to be maintained.

The nurse should be a good "rubber."

It is hardly to be expected that every nurse will be a competent masseuse and be able to execute the various movements properly, but every nurse should be able to give a good rub that will exercise a beneficial effect both on mind and body. The child who is hurt instinctively runs to its mother to do something to relieve the temporary discomfort. What she does is often immaterial; it may mean only kissing the part, it may mean "putting a rag on it," or gently rubbing it, but the fact that the mother recognizes that there is discomfort and really tries to do something has a wonderfully soothing effect both on the injured part and on the mind of the little one. Grown ups are only children of a larger growth, and this is especially true of invalids. No invalid wants a nurse to tell him his pain is imaginary or that he is all right if he only thought so. He wants something done—something that is tangible—and rubbing meets this human need in a great variety of cases. The question of position has much to do with the comfort of chronic patients, and if the case is likely to be a long one it is worth a good deal many times to be able to improvise supports of various kinds which will add to the comfort of the invalid. To the patient who, because of difficulty in breathing, is obliged to remain most of the time or all the time in a sitting position an ordinary back rest is not sufficient. A hand-grapple over the bed is a great help in accomplishing the slight changes of position that are possible. The back rest should have attached to the sides a board four to six inches in width which will serve as a support to the head. The hips and thighs also need to be supported. There are now to be had several varieties of beds which are capable of being adjusted so as to support back and hips, but a "bed swing" can



be improvised at small cost that helps wonderfully. This is a stout piece of board long enough to reach across the bed, and about a foot wide, with two holes bored in it at each end. The bed swing is padded neatly and secured by ropes to the head of the bed. Such a swing can be comfortably pillowed and made a great help in supporting a tired, distressed body.

The prevention of bed sores is an important part of the nursing of such patients in many cases, and likewise the managing of the diet so that it is not only suitable for the patient but that it really suits his tastes, so far as a restricted diet can.

Not less important is the effort to relieve the monotony in every way possible. A little amusement is good, but the best kind of amusement will soon fail to satisfy. Occupation as well as amusement must be devised. Where the patient is a woman and able to use her hands light occupation is easy to find. Where the patient is a man the need is not so easy to meet. But the resourceful nurse will, if she tries, be able to suggest light work for the invalid man. Lots of men have some talent in drawing plans and can be encouraged to draw "model" plans for different kinds of build-

ings. One old gentleman, who had been a newspaperman, offered to arrange scrap-books for his friends—that is, take the newspaper and magazine clippings which they had saved and group them according to subject, index and finish them up in good shape for ready reference.

It happened that quite a number of his friends had begun to collect clippings on different subjects and had lacked the time to arrange them properly.

A young man who had to wait for weeks for a suppurating wound to heal became intensely interested and quite expert at drawn work, and presented several of his friends with doilies made by himself. A boy manufactured out of a ball of wrapping cord and a large cork with a hole through it, with four stout pins in it, a set of cords to tie back the curtains of his room, his mother helping him with the tassels.

Many physicians complain that nurses soon tire of the monotony of long or chronic cases, and that they will manufacture excuses for getting away. How true this is of nurses in general we do not know, but we do know that too little instructing is given to nurses in training regarding their duty to chronic patients.

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## The Indian Mission \*

**D**EAREST BELLE: Such an experience as I had yesterday. I must tell you all about it. In the morning a call came to visit a far-away Indian encampment. It meant a drive of twenty miles. At the end of the journey, what a scene! Can you imagine a small tent in the center of which was a camp stove giving out the maximum amount of heat; rat skins, dead rats, filthy blankets and rags, dirty dishes, several small, exceedingly dirty children and, over all, myriads of flies?

In the midst of this debris, lying on the ground, was a mother, and by her side a tiny babe.

The first glance told the story—septicemia. The baby also was sick—erysipelas of the umbilical cord. An attempt had been made toward treatment, it was generously besmeared with blueberry juice, and it would spread—they didn't know why.

The whole thing was so sickening I did know how or where to begin, and later I did not know when to stop. What a privi-

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\* Letters from a mission nurse to her sister in Worcester, Mass.

something to help this  
 remember, "What-  
 doest to the least of mine  
 that thou doest unto me," no  
 our tasks may be, we will not  
 difficult.

When distress comes upon an Indian there  
 duty which the friends feel  
 to the unfortunate one:

I. To keep him as a hothouse plant;  
 every breath of air. One finds  
 portieres hung over the out-  
 and every crevice stuffed with  
 the patient always fully dressed,  
 the moccasins, and rat skins and  
 skins wound around each foot and  
 and sometimes a hood on the pa-  
 tient's head.

II. To keep the sick one eating bannock  
 and meat as long as possible for fear he will  
 get weak.

III. To keep him walking for a short  
 time every day that he may not lose the  
 use of his legs.

Among the things I have learned from  
 woful experience regarding medicine is that  
 it must be highly colored, preferably bright  
 red, and have an agreeable odor, or, to the  
 Indian's mind, it is "no good" and he will  
 not use it.

Tuberculosis is very prevalent here, in  
 fact, very few seem to be en-  
 tirely free from it, and their habits have  
 a tendency to draw it to remain  
 latent.

D. I tell you that I am teaching the  
 English. I have thirty five dusky  
 and gather them in every day. Often  
 more like an out patient de-  
 and schoolroom. I have many  
 the children, minor septic  
 glands, etc.

I am having a baby organ sent up from  
 Montreal. I am sure the music will delight  
 the children. I have already taught them  
 two songs. They seem quite musical; the  
 majority have good voices. It is really  
 wonderful how readily they learn English.  
 Talk about "sweet shyness." Goodness!  
 this is where one can see it in all its beauty  
 and primitiveness. Some of the children  
 will not even raise their eyes—ever that  
 downward glance. I do hope in time it will  
 wear away to some extent at least. We also  
 have "voices low and sweet."

I must tell you what the Canadian gov-  
 ernment is doing for the schoolchildren  
 here. A large tent has been purchased in  
 Winnipeg, and it has been fitted up as a  
 dining room. The range is a beauty. The  
 children are given a good, substantial mid-  
 day meal. I'm going to teach the children  
 how to cook. Don't laugh! I learned how  
 at the Worcester City Hospital. You don't  
 know all the good things Mrs. Ryder taught  
 me to make during my diet kitchen course.  
 I've got that "cook book" with me, and if  
 one faithfully follows the directions there  
 can be no failure.

Don't fret about my menu, that is the  
 least of my troubles. I have moose meat,  
 venison, prairie chickens, wild ducks, fish,  
 etc. I eat three square meals every day  
 and "hanker" between times.

Oh, here is Running Moose going out to  
 civilization. I must not lose the opportu-  
 nity of sending this letter by him.

It may be two months or more before I  
 get another chance.

Should there be a long silence, don't  
 think I'm scalped.

Lots of love, from

Your Indian sister,

BETTY.

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# Helpful Suggestions

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## Foods Containing Iron

*Good Health* magazine gives the following suggestions regarding the foods especially desirable in arranging a dietary for an anemic patient because of the iron contained.

Rice contains one grain of iron per pound, or more than the daily body requirement.

Lentil flour contains four grains of iron per pound, or more than four times as much as rice, or eight times the daily body requirement.

Spinach is one of the richest of all foods in iron, containing more than four grains to the pound.

Fine flour bread contains but one-fourth as much iron as rice, and beans two-thirds as much.

Notwithstanding the close relation of the bean to the lentil as a legume, it contains only one-sixth as much iron as does the lentil.

The potato is exactly on a par with the bean in its iron content, furnishing only two-thirds as much iron as does rice.

The yolk of egg contains a little more iron than does rice.

Lettuce contains a little less than rice.

The apple contains about one-third as much as rice—that is, one-third of a grain to the pound.

Barley flour contains half as much iron as does rice.

Oatmeal contains twice as much as rice.

Milk contains only one-fiftieth as much iron as rice—that is, one fiftieth of a grain to the pound—the least of any food. To get the necessary daily amount of iron from milk, it would be necessary for one to take, then, the enormous quantity of twenty-five pints of milk a day, or more than three gallons.

This curious deficiency of iron in milk is

accounted for by the fact that the new-born animal, whether human infant or calf, contains, stored up in its liver, a large amount of iron which has been accumulated from the mother's blood—the liver of an infant contains ten times as much iron as that of an adult. This store of iron appears to be drawn upon to supply the needs of the body during the period for which milk constitutes the natural but temporary food supply.

## Epsom Salts in the Treatment of Erysipelas

The value of magnesium sulphate in local inflammatory conditions was summed up by N. H. Choksy, M.D., in the *London Lancet*, as follows:

Firstly, the drug can be obtained at any country store, is easily made into solution, is inexpensive, non-toxic, and clean; it is also easy of application if the directions are properly followed.

Secondly, the patient promptly obtains relief from the distressing local symptoms usually present.

Thirdly, the temperature rapidly falls to normal usually during the second twenty-four hours, and does not rise again, thereby eliminating possible complications from fever.

Fourthly, internal medication is not indicated in uncomplicated cases, the only treatment being a milk diet for the first few days, or, to be more accurate, until the temperature reaches normal.

The method of application suggested by Choksy is as follows:

A saturated solution of magnesium sulphate in water (preferably strained through muslin) is to be applied round the limb or on the face as a mask, extending well beyond the inflamed area in 10-15 layers of gauze or

with layers of absorbent cotton or lint, and covered with oil silk or wax paper. The dressing should be wetted as frequently as it gets dry, about once in two hours. It should be removed once in 12 hours for inspection and immediately reapplied. The affected area should not be washed during treatment. Dr. Tucker says that the attendants complain of partial loss of sensation and tingling of the hands and arms lasting for some hours.

#### The Distended Bladder

At a recent meeting of the Medical Society of New Jersey, Dr. Frank D. Gray, of Jersey City, presented a paper on surgical mishaps in which, among other things, he emphasized the importance of watching for distension of the bladder. As an illustration he cited a humiliating experience which he himself had had with a woman of the unfortunate class, who was brought to the hospital. She had been on a prolonged debauch and was suffering severe intermittent abdominal pains. The abdomen was enlarged and the intermittent bearing-down pains suggested a pregnancy with impending miscarriage. There were, as he thought, indications of a complicating large ovarian cyst and preparations were made for a laparotomy. When about to begin the operation he was asked by a spectator if a catheter had been used. It had not. He had ignored the bladder, the nurse having told him that the patient had voided urine. The catheter was introduced and two gallons of urine were withdrawn. The tumor disappeared, the pains ceased, and the doctor was saved more than a laparotomy. During her intoxication, the woman's bladder had become overdistended and paralyzed, with consequent over-accumulation of urine regarded as normal. Two other cases were cited in which the writer had found that the female bladder had become paralyzed, respectively during a prolonged debauch and a prolonged period of sexual abstinence. In the latter case the bladder would hold all

most any quantity short of a bucketful, but not so the male bladder. A case was cited of a man suffering from intoxication for days whose bladder had ruptured. Most nurses could cite cases of prolonged suffering and danger from a distended bladder when what seemed an apparently normal quantity of urine was being voided. The doctor's advice, "Never forget the bladder," is well worth heeding.

#### The Simplest Camisole

It is, of course, best not to bind down a violent patient when gentle hand restraint is available to avoid injury either of himself or attendants. But sometimes mechanical control is alone practicable. This being so, it is well to know what is alike the simplest and most merciful form of camisole. To make this, thereby compelling a reasonable degree of quiescence of the upper extremities, prepare two cylinders, about the shape of long shirt sleeves, by hemming together stoutly the two long edges of a pair of towels. Sew these new sleeves to the ends of the sleeves of a nightshirt. When the patient is clothed in this the sleeves, of course, drop a long way below the hands. Fold his arms; bring these extension sleeves tightly across his back and past each other. Secure them thus either by sewing or by large safety pins. —DAWBARN.

#### Hand Disinfection Without Soap

Schumburg states that the most diligent scrubbing of the hands with soap and hot water does not render them sterile. Soaking them in absolute alcohol or denatured spirits gives thorough disinfection if the hands are dry. Previous scrubbing not only makes the skin more tender and liable to scale after the alcohol, but the moisture in the skin so weakens the absolute alcohol as to render it much less effective as a germicide. He therefore advises that for operations the hands be soaked in absolute alcohol without previous scrubbing.

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# Editorially Speaking

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## The Magazine with a Record and an Ideal

WITH this number THE TRAINED NURSE AND HOSPITAL REVIEW celebrates another birthday anniversary. Step by step this magazine has gained until never before has it equalled its present strength and popularity. The key men and women in the hospital and nursing fields read it year after year, and have learned to depend on it for a fair, impartial discussion of the different phases of nursing in hospital, home and elsewhere.

For over twenty years it has exerted an influence on nursing progress and policies that is wholesome, broadening and satisfying to all who love the square deal.

The editors and publishers of THE TRAINED NURSE AND HOSPITAL REVIEW expect in the coming years to build on what they have already achieved. Strong and approved features will be supplemented and strengthened. If possible, more interest and pungency will be imparted to its pages. While practical utility has always been the strong feature of its pages, no effort will be spared to make it more useful to nurses of all classes, without losing any of the readable, stimulating qualities which make its monthly visits eagerly looked for.

Every nurse can render practical service to the cause, with a very slight effort, by introducing the magazine to her friends and getting them to subscribe, or by sending us the names and addresses of nurses who are not subscribers. This is one way to help. Another is by sending brief accounts of practical experiences when called to nurse somewhat unusual cases. Names will always be withheld on request.

## The Attitude of the Trained to the Untrained Nurse

For centuries the untrained nurse was the only nurse the world knew. So far as history goes, the trained nurse is a comparatively new product. Every normal woman has to a greater or less degree the maternal instinct, the desire to care for the helpless, infirm and ill. From the time that the baby girl is able to hug her doll in her arms she is seen exercising this maternal instinct—feeding, bathing, dressing, putting to bed, giving medicine to and caring for her doll family. We shall never eradicate this instinct, even were it desirable to try. As she grows older the average normal woman finds thrust upon her the care of some sick individual in the home. She takes pride in discharging this responsibility well, and repeats to her neighbors the word of praise the doctor gave her for her nursing skill. Some women have this nursing instinct to a greater degree than others. They have the knack of making people comfortable. They have to a certain degree some of what we may call desirable nursing qualities. Is it not then a perfectly natural thing that such women, when opportunity arises or local necessity demands it, should go to the assistance of their neighbors and friends when sickness enters the home. At first it is probably with no thought of pay, but as no ordinary individual can afford to give service of any kind indefinitely gratis the time comes when a charge is made. Thus it is that practically every community has its local “nurses”—its untrained nurses—who are there in response to a legitimate demand, often urged into the work by the local physician who has noted some special apti-

to do the work when the nurse was caring for the patient.

And these women are not the deceivers that some would have us believe they are. That there are impostors found among them occasionally no one will attempt to deny. There are shyster lawyers and quack doctors and deceivers in all professions and occupations. Many of these untrained nurses, by way of a better chance, are sincerely desirous to learn, and are women who if they had had the same opportunities would have acquired the ability some of the trained nurses who so constantly decry them. The simple fact is, this class of nurses is here to stay. They are here in response to a legitimate demand—they are needed. What should be the attitude of the trained nurse toward the untrained nurse or the partially trained in the future?

A few years ago, registration enthusiasts set out to "wipe them out," to put them to rout. The general effect has been to stimulate their production, so that where there was one formerly there are three or four or more now, and their numbers are certain to multiply. Of all nurses, surely these most need supervision, inquiry into character and habits, and some incentive to improve. Yet everywhere that registration laws exist we find this class ignored and the hospital-trained nurse, who has already passed through a probation, a probation selection, a daily supervision and has been selected to be still further trained and supervised. Any intelligent, unprejudiced person will admit the stupidity of the method of "protecting the public." An impartial judge would, if all the facts of this case were to be made known, announce that the untrained nurses were in need of supervision, inspection, control, better and a measure of training. At the same time he would advise that the hospital-trained nurses were in the nursing field, or that the steps to properly grade and

classify them, to see that they remain in the class for which they have qualified and to see that those who nurse for hire do really qualify for some one class. Or are we to go on anathematizing them, seeing them multiply and making no effort to improve the quality of their service?

If they are to receive some training, how much should it be for the different grades and where and by whom should it be given?

This question is no greater, is not as complicated, indeed, as the midwife question in England, where a large proportion of women in childbirth are attended by local midwives. Some few years ago a beginning was made to eliminate the unfit midwife, to improve the quality of the service rendered by midwives and to safeguard in all possible ways the life and health of those who must depend on midwives for care in their hour of need. A standard of training and scheme of licensing and supervision was arranged and sufficient time allowed for all to qualify who were fit to practice. Those who had failed to qualify within that time were given due notice and plenty of time to find some other occupation. This is precisely what needs to be done in regard to untrained or partly trained nurses in America. The unfit should be weeded out, those who are of good moral character and are willing to improve should have an elementary course of study and practice outlined for them and be encouraged to improve their methods.

All should be placed in some class and have a measure of local supervision.

Will the trained nurses of today help along this much-needed work of regulation and grading of untrained or partly trained nurses, or will they continue to ignore them? Will they be content to continue to evolve theories for supplying such nurses for people of limited means and really do nothing but theorize?

In this number we present an article by Mr. Richards M. Bradley which shows the

Brattleboro plan of organized service of cooperation between the trained and untrained nurse. We commend it to the attention of our readers.



### One Way to Help

Commenting on the article on "Nursing for People of Limited Means," in the April number, an Omaha nurse has written voicing her entire approval of the methods advocated and telling us of a plan she herself has started with a view to helping solve the problem.

She has a class of three "practical" nurses under instruction. They are studying Stoney's "Practical Points in Nursing" under her direction, and meet at intervals to discuss various phases of the practical problems that confront them. Before beginning instruction she exacts from each an agreement in writing that her prices will not exceed \$15 a week or \$18 for contagious cases. She has been so distressed at the discomfort that has resulted to the sick from lack of knowledge of the proper way to do the simplest nursing duties on the part of many of the "practical" nurses she knows that she finally decided to do what one nurse could to help them and to help the sick of limited means in this way. She ventures the suggestion that if graduate nurses would substitute the helping hand for the attitude of criticism regarding "practical" nurses, if they would quit theorizing about ways and means to solve the problem and each as opportunity arose determine to spread knowledge of simple nursing technique, we would be on the road to better conditions.

This nurse makes no pretention to being a teacher, but she is willing to "show how." After all is not the willingness to "show how" the first step to successful teaching? It is unlikely the problem will ever be solved wholesale, and the one by one or two by two method of instruction is well worth considering.

### Training for Institutional Work

THE TRAINED NURSE AND HOSPITAL REVIEW has for years persistently and consistently expressed its convictions that the best, the most practical training for institutional work was to be had in a well-organized hospital which gave a systematic clearly-defined course in hospital economics. It has refrained from joining in the applause of the supposedly ideal course in hospital economics given at Teachers' College, New York, not because a real and earnest attempt has not been made there to provide such a course and induce nurses to support it by their attendance and subscriptions, but because we have long since been convinced that no college is in a position to give practical and thorough detailed instruction in hospital work, however many hospitals it may nominally be supposed to have affiliated with it. You can't learn to manage a hospital by living in a college and making observation tours to hospitals. You can receive a certain number of lectures, you can learn much that is interesting and valuable, but you cannot duplicate hospital problems or experience in a college. We have been honest and fair in stating our convictions, based on information freely offered to us by several who had entered for the course at Teachers' College.

In this connection a special interest attaches to an article by Elizabeth G. Fox, in the *Johns Hopkins Hospital Nurses' Alumnae Magazine* for April, 1911. Each year a scholarship is awarded to a member of the graduating class of that school which reads: "To be used in the pursuance of a year's work in Teachers' College, Columbia University, or a year of post-graduate work in the hospital." The choice is left to the decision of the senior receiving the scholarship. The purpose of the scholarship is to give the holder the benefit of a systematic and thorough course in institutional management, a general and detailed study of

administration of the hospital and in each office and department. The holder of the scholarship during the present year, however, chose to take the post graduate course in the hospital—a year—which showed the practical good sense of the nurse.

The article describes the course given, which is similar to that given in Massachusetts General Hospital and the Grace Hospital, Detroit; a somewhat longer period being spent in the various departments than in the six months' course in those institutions. In addition the course is to include a study of housecleaning and taking of inventory during the summer months and a series of visits to the various hospitals, milk dispensaries, district nursing centers and other institutions in the city.

The writer concludes her description of the course as follows, and thousands of nurses all over the country will agree with the sentiments of the conclusions:

"Theoretical work and comparative study cannot be obtained by such a course limited to a hospital. But as no course in dietetics can teach us to turn out such gastronomic delights as we can learn from going right into the kitchen and cooking with old O'Boe, who has been cooking since before we were born, so perhaps no better way can be found to learn how to run a hospital than by going right into its 'internal workings' and learning by actually seeing the wheels go round under the guidance of those who have the results of years of experience to give out. I can point out the weak places in the machinery and the best way of eradicating them. The nurse who has been pursuing this course feels that the year has been one of great benefit to her."



#### The Real Nurse Pharisee at Work

We are inclined to say last month's issue of the *Review* was real and assumed. A more realistic illustration of how the real nurse does her work was af-

forded some time ago in a Western city. The hospital people of that city and section had had an association which met alternately at different hospitals for the discussion of hospital problems of mutual interest. Men and women were in this association working harmoniously and the best of good feeling prevailed. The progressive and helpful spirit displayed by this association was frequently cited as an example and inspiration for other cities to follow.

It developed that a nurse agitator who was in close touch with the nurse bosses secured a position in charge of the training school in one of the hospitals. She was one of the women who stands on a pedestal, always ready and willing to teach more experienced hospital workers a few things—in fact, a type of nurse with "advanced ideas." On looking over the field the existing association as it was formed did not appear to be fertile soil for her advanced ideas to take root in; it was altogether too practical, so she proceeded to the formation of another association along the same lines, but more to her taste and more pliable. Every effort was made to coerce or cajole hospital women to support this new association. Those who held aloof were branded as lacking in spirit, lacking in their appreciation of their "professional obligations," as behind the times and as "stubborn problems" in general. The original association which had been working harmoniously along practical lines was disrupted. Discord and distrust arose. In about a year the professional agitator and reformer who was to accomplish such wonderful things in "elevating the standards of the profession" in this city and State in the Middle West had departed for newer and greener fields.

Extremists are rarely if ever safe guides to follow, and in the past decade the nurse bosses have shown a decided penchant for running to extremes.



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# The Hospital Review

CONDUCTED BY CHARLOTTE A. AIKENS

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## The Woman Who Superintends

For several weeks this past spring the internal disturbances of a certain well-known Chicago hospital were aired through the daily press. It was apparently a "woman's battle" throughout. The hospital is managed by women for women and children, and women physicians and internes have composed its active working medical staff.

The appointment of a woman to superintend the hospital who was not a "professional" woman was sufficient to cause a rebellion on the part of seven of the women physicians. After a full investigation of the situation the board of managers decided to dismiss the rebellious lady physicians and appoint others to their places. The lady superintendent still holds her position, and now that the disturbing factors have been eliminated the work appears to go on about as smoothly as it ordinarily does.

This hospital dissension is of interest to outsiders mainly because it illustrates a tendency or principle which is apt to manifest itself where women are concerned.

Years ago the poet remarked that

"Man's inhumanity to man  
Makes countless thousands mourn."

Likewise it is true that woman's inhumanity to woman in hospital affairs and elsewhere has caused vexation and perplexity, and wrought untold injury to the cause the institution stands for.

Not long since another hospital board decided to appoint as superintendent a woman who had had years of experience in an executive position in two other hospitals—a woman who besides this experience combined within herself rare culture, personal charm and business ability; a university woman who had learned in the school of life much that is not included in the curriculum of a nurses' school. She had, besides, devoted special study to dietetics and physical culture. But she had not a diploma as a graduate nurse. *She was not employed to nurse.* A graduate nurse was employed whose duty it was to supervise and direct the nursing and the training of pupil nurses. The superintendent was expected to attend to the details of the office work, admit the patients,

deal with the public, do the buying for the institution and exercise a general supervision over its affairs. For all of these duties she was eminently well fitted. A graduate nurse's diploma or experience would have been of very little use in discharging the every-day business duties of the office; but, forthwith, the graduate head nurse resigned, because the board of managers had appointed a lady who was not a graduate nurse to the position. The same graduate nurse would not have hesitated to accept a position in any one of several hospitals in the same State in which a layman who had had a business training was in charge. Why was she not willing to recognize the same business qualifications in one of her own sex? It is simply another case of woman's inhumanity to woman. The board promptly accepted the nurse's resignation. They stated that the superintendent whom they had employed had personal qualities and experience not readily found in graduate nurses, that these qualities were badly needed in that hospital, that they were not employing her or expecting her to nurse or to direct the nursing of the institution—and they show no signs of repentance at this date.

There are in executive positions in American hospitals a considerable number of clergymen and of business men and women, besides nurses and physicians. "The duties of the administrative head of a hospital are so complex that in their discharge one can use almost any preliminary training to good advantage."

Graduate nurses are right in insisting that the actual nursing of the patients in a hospital should be under the supervision and direction of one who herself has had a nurse's training and experience at the bedside. But are they right in refusing to recognize in a woman the same business qualifications which they would recognize in a man; in refusing to see that a nurse's diploma is not the all-important nor the most important thing in the business office of a hospital?

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## Specimen Rules and Regulations

The following are specimen rules and regulations of the Homeopathic Hospital, Buffalo, N. Y.:

to be open to every creed, nation, race, and color. The moderate charges to be made shall be of interest on its endowment, and shall be paid in advance.

Private rooms shall be provided in advance; a proportion of the rooms needed for services not included in the regular charge of \$9 per week (to those who occupy single rooms, \$15 to \$60 per week, according to size and location).

Ward beds shall be charged for ward babies and \$3 per week for babies.

There shall not be fee for professional attendance, which must be arranged for with the attending physician or surgeon before admission to the hospital or on his first visit thereafter. The rent of the room includes the regular service of the nurse for four patients. If more than four are required, either by order of the physician or at the demand of the patient or relatives, the nurse will be charged extra at the rate of \$4 per week for five hours.

There shall be no charge for private rooms and ward beds including the services of the internes, the nurses on general duty, or ordinary amount of surgical supplies and the medicines.

Nurses on general duty care for at least four patients during the day.

Prescriptions, medicines, compound prescriptions, wines, carbonated and spring waters, etc., are extra and charged for at drug-store rates.

A fee of \$5 shall be charged for the use of an operating room and \$3 for maternity supplies for each confinement.

Delicate maternity cases require the services of a physician. Such nurses will be provided at an extra charge of from \$3 to \$5 per day, which the patient or relatives are bound to pay.

The superintendent shall see that payment in full is made to the hospital for all damage done with the exception of the loss of its property.

Before admitting a patient to a surgical ward, the patient or his relatives shall give consent for operation to the patient, parent or guardian, and the physician shall not permit any operation to be performed on a patient without the consent of patient or guardian, except in case of extreme emergency, and in such cases the physician undertaking the operation shall make a statement of the emergency and a statement setting forth the reasons for the emergency.

The hospital shall be open to the privileges of the hospital to all patients, and to all others.

The hospital shall be open to all accidents or injuries, and shall be attended at any hour of the day or night, between 9 A.M. and 9 P.M.

The hospital shall be open to the wards every day from 2 to 4 P.M. and 7.30 to 8.30 P.M., and at no other time except by special permission from the superintendent.

Not more than four visitors will be admitted to see any patient in one day and only two will be allowed at the bedside at one time. Visitors must confine their visits to their immediate friends and must leave the building promptly at end of visiting hour.



### A Hospital for the Rich

A hospital exclusively for the rich, where comforts and luxuries during treatment can be had upon substantial payments, will be built as an investment by a group of Boston's leading physicians, says the *Boston Post*.

It will be equipped along the lines of the City Hospital, thus having greater facilities than the private-paying hospitals which the rich now patronize.

The plan adopted is to form a corporation with a capital stock of \$500,000 in 5,000 shares. There will be 25 shares of common stock held by 15 physicians and 15 non-medical business men. That stock will pay no dividends, but will carry voting power, the 25 constituting the board of directors.

The rest of the shares will be preferred stock paying 5 per cent. cumulative dividends, but carrying no voting power. The members of the board of directors will be disqualified from subscribing to the preferred stock.

The decision to build the hospital arose from protests of wealthy Back Bay residents in resentment at being treated as charity patients in the City Hospital. There are special beds at that institution for paying patients, but the charge is they carry few privileges.

No matter how much each man was willing to pay at the City Hospital for special treatment for which private physicians had not the apparatus, it has been claimed that little more attention is given than to those who pay nothing.

The physicians on the board of directors are Doctors Arthur T. Cabot, W. T. Councilman, R. H. Fitz, J. L. Goodale, F. B. Harrington, Henry Jackson, Robert W. Lovett, John Morse, Edward Reynolds, Maurice H. Richardson, F. C. Shattuck, E. W. Taylor, Paul Thorndike and J. C. Warren.

The business-men members are Charles Francis Adams, Arthur H. Brooks, C. Minot Weld, C. H. W. Foster, Charles A. Coolidge, F. L. Higginson, Augustus Hemenway, G. M. Lane, Neal Rantoul and John E. Thayer.

### Hospitals and Private Practice

The suggestion that instructors in medical schools who are also hospital attendants should be restricted as regards their private practice has been made at the Johns Hopkins Hospital and has provoked considerable discussion. Whether such a policy would meet with the approval of those members of the hospital staff whose connection with the hospital has been mutually beneficial, and who in many cases have large and lucrative private practices, remains to be seen. It is proposed that such men shall be given much larger salaries than at present, with the understanding that they devote their entire time to teaching, hospital work and research in medicine. This would place the clinicians upon the same standing as the laboratory men, the majority of whom are barred from practice already. That it would increase the efficiency of the hospital men seems doubtful, since the Johns Hopkins Hospital staff now includes many noted names.—*Medical Record*.



### Care of Tuberculosis Patients

Measures are being taken in Ontario to compel each general hospital in the province to make provision for the care of tuberculosis patients where there is no existing special hospital for them.

In Ontario practically all general hospitals receive government aid and it is proposed, in the event of any general hospital refusing to establish special wards or pavilions for such cases, to withdraw the government grant. The Ontario Medical Association at its recent meeting at Niagara Falls passed a resolution heartily concurring in the proposed measures.



### Children's Hospital, Pittsburg

The Children's Hospital, Pittsburg, has completed a year which has been marked by splendid progress along many lines. A fresh-air ward has been opened through the generosity of Hon. James R. and Mrs. McFarlane. A milk station with a trained nurse in charge has been established and will be continued the year through. A dispensary for the examination of defective or backward children has been started with weekly clinics. An infant incubator has been installed—a gift from hospital friends—and a new surgical building which provides excellent facilities for this department was opened in January, 1911. The bed capacity of the institution has been increased to eighty. A training school is in operation, a two-year course being given.

### Recent Bequests

By the will of the late Samuel Hall, of New York, the Presbyterian Hospital in this city receives a bequest of \$1,000.

The New York Orthopedic Dispensary and Hospital receives a cash bequest of \$5,000 by the will of the late Oscar Egerton Schmidt, of New York, and also the residue of the estate, the value of which is not given.

Mount Sinai Hospital and the Montefiore Home for Chronic Invalids receive bequests of \$5,000 each and the Beth Israel Hospital one of \$1,000 by the will of the late Martin Herman, of New York.

By the will of the late Nils Poulson, of Brooklyn, the Bay Ridge Hospital and Training School for Nurses and St. John's Guild receive \$1,000 each.

The Hospital for the Ruptured and Crippled of New York receives \$2,000 and the Free Church Home for Incurables \$8,000 by the will of the late George H. Morgan, of New York. A part of the latter bequest is to be used in endowing a free memorial bed and the remainder in providing entertainment for the inmates on holidays.

By the will of the late Mary F. Bennett, of St. David's, Pa., the sum of \$5,000 each is bequeathed to the Philadelphia Home for Incurables, to the Presbyterian Home for Widows and Single Women and to the Home of the Merciful Saviour for Crippled Children. The sum of \$10,000 is also left to two sisters in trust, to be used on their deaths for the establishment of free beds in hospitals to be selected by the executors.



### News and Notes

The Pennsylvania Railway trainmen of Huntington, Pa., are to present the Blair Hospital with a new automobile ambulance. About five hundred dollars is already in hand and the collecting of the remainder necessary is being vigorously pushed.

Three women physicians have been appointed as internes in the Erie County Hospital, Buffalo—the first time this opportunity has been extended to women.

The new Mount Sinai Hospital, Philadelphia, has been opened for patients.

A million dollar addition to the City Hospital, St. Louis, is to be opened for patients in the near future.

# The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

## A Mission Nurse in Turkey

*To the Editor of The Trained Nurse:*

Perhaps your readers will be interested to hear of our work at Van, Turkey-in Asia. The medical work at Van began with the advent of Dr. G. C. Reynolds in 1872. Of the difficulties which he encountered we shall never know the tithe, for Dr. Reynolds is too modest to tell anything that attracts attention to himself.

He survives hale and hearty after forty-two years of service in Turkey, but not being given to reminiscing we have to get our clues from others and fill in with them up.

The first years in Van were hard ones for Dr. Reynolds. But with a tenacity of purpose prominent in all that has concerned him, he stuck to the field through all the persecutions, stonings and massacres. That it was equally hard for his associates of the first years is evident from the fact that none of them stayed by the work after the first term of five years.

We new comers in the medical work are building on the foundations laid by others, and much of the efficiency of our work is due to the splendid work of Dr. Reynolds.

The field has been gradually narrowing by the coming in of other physicians, but at first Dr. Reynolds was the only physician between Tabriz, Persia, and Constantinople, in Turkey, and from Mosul near the ancient Ninevah, to the Black Sea.

He was responsible for the care of all the missions in this vast region, and many were the emergencies to be met in those in distress.

He carried the medical work in Van with its immediate suburbs and territory of outlying villages under the supervisory eye of Dr. C. D. Reynolds. We were the material for this

work. The work was divided into three branches. One was the city work, another the outlying villages, and the third the hospital work. The city work was divided between Dr. Reynolds and Dr. C. D. Reynolds, leaving much of the work to be done by Dr. C. D. Reynolds and her

Besides this, the Moslem work lies before us an open door.

And we await funds from America to carry on the work in the land of veiled women where no male physicians can go. We love to go into their homes, sit on their Oriental rugs and talk to the pretty faces behind the veils. We love their customs and our hearts go out to them in a great, tender longing to help them in their isolation and ignorance.

In another issue we will attempt to tell about the hospital in particular and the many patients who come to us for healing, both in body and soul. Until then I beg to remain your coworker in the Turkish Empire,

L. McD.,  
Supt. American Hospital.

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## How I Made a Patient Comfortable

*To the Editor of The Trained Nurse:*

I am going to give you some of the methods pursued on a case of tuberculosis where the patient had as complications nervous dyspepsia and a dropsical condition in connection with the tubercular trouble. On my arrival patient was unable to turn over in bed without assistance. Was unable to sleep, so I gave her massage every night at bedtime and the doctor prescribed a sedative tablet, one every three to six hours.

Instead of solid food we resorted to Panopeton every three hours for about ten days, when buttermilk made from Lactone tablets was given alternately. Later, bacon and tenderloin broiled over coals, toast, baked apple, mutton broth made with pearl barley in it and afterwards strained were added. For flatulence and constipation two-grain creosote enteric pills were taken t.i.d. and Young's rectal dilators used. Patient was encouraged to sit up in a chair until tired in the morning and to nap after lunch. In ten weeks she was able to get up and walk without assistance. Instead of sputum cups, which are expensive and liable to get tipped over, we used Imperial toilet paper, which comes in the right size to be used once and put into paper bags and burned when the bag is full. Soiled handkerchiefs were kept apart from other laundry boiled and washed at

home. This precaution I find is often neglected. Small cloths of old clothing or cheese-cloth, which can be burned when soiled, are good if the patient will use them. An electric bell with cord long enough to be used either in the house or outside is much better than the bell which I always carry and use on short cases or when the house is not wired. By having a certain ring for each member of the household I was saved many steps. A rubber air cushion, not blown up very much and covered with strong cloth to prevent chilling, was the source of much comfort.

When giving bed pan I first warmed it by pouring hot water in it for a few minutes. A cotton pad laid on the pan makes it less hard to lie on and can be destroyed when soiled. Sheets were used instead of bed spreads. I find that sick people invariably object to heavy bedding. An extra mattress made the bed higher, therefore more convenient for me as well as more comfortable for the patient. As a daily bath seemed to exhaust and chill the patient a sponge bath was given twice a week, a handful of salt being added. The room was not heated except when bath was given, as patient seemed more comfortable in a cool room.

E. M. ZANDER.

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#### A Plea for Common Sense in Uniform

*To the Editor of The Trained Nurse:*

Now that sensible methods of dress are frequent subjects for discussion in magazines of all sorts, may I put in a plea for more common sense in the uniform of the nurse, especially in hot weather. This season I have fairly envied the girl who was free to adopt the cool, short sleeves which are in vogue everywhere, except perhaps in a hospital, which is supposed to set an example of sense and sanitation. While the average girl is allowed to adopt the short sleeves and low cut neck the nurse must swelter in stiffly starched collar, sleeves down to her hands and stiff cuffs—all because somebody, somewhere, some time ago, decreed that it should be so. Apart entirely from reasons of comfort, the short sleeve is surely more sanitary. The forearm being bare may be quickly and easily kept clean—cleaner than it is possible to keep a dress sleeve, and that reason alone should be enough to commend it. Will not some benevolent individual start a crusade in behalf of nurses who are the victims of a custom which has no basis in sense or sanitation, in hot weather especially?

The private nurse may be at liberty to don a cool waist if she desires, but who will work for the emancipation of hospital nurses?

VIRGINIA.

#### Another Point of View

*To the Editor of The Trained Nurse:*

I was greatly interested in Miss Jacques's article in the January number, though I feel inclined to think she puts the case somewhat too strongly. I think the questions she brings up deserve a good airing and I hope they will get it. To that end I venture to commit to paper a few opinions and cite a few illustrations. Miss Jacques asks: "Why should a nurse be dismissed from a training school without being given the right to vindicate herself?"

I have been accepting nurses for ten years, testing them during their probation period, and as occasion requires dismissing them. I have never sent away a nurse without strong reasons for doing so, and never without letting the nurse know the reason. Miss Jacques is right in saying that hospital officials should be more considerate regarding this point, and that the nurse has a right to know the reason. But I fear she gives (perhaps unintentionally) the wrong impression that training-school and hospital superintendents are all alike guilty of the charge she makes. To me the dismissal of a probationer is always a painful thing. It is easier, of course, to get rid of an undesirable by leaving a note on the dresser saying that it was not desired for her to remain longer in the institution, or some such message, but no one but an abject coward or a perfectly heartless woman would take that method. No nurse who was ever dropped from my training school during my regime but has gone away with the full knowledge as to why it was done. She may say to her friends that she does not know, but in her soul she does know. For instance: Maud M. was as clumsy and lacking in tact and general fitness as any girl who gets inside of a hospital at all ever is. To add to this she was untruthful and unreliable. I had put up with the clumsiness and lack of tact and judgment, thinking that when she got over the first few months these objections would wear off. But when I learned, on evidence repeated many times, that her word nor her records could not be depended upon I sent for her and spent a trying hour with a crying girl in the effort to persuade her to abandon the idea of nursing altogether. The girl herself begged so piteously to be allowed to stay and there was so much pressure brought to bear on me from different sources that I was persuaded to extend the probation term. For a while she seemed to improve but soon the propensity for lying again got the better of her. After struggling along with that girl, the head nurses giving her more personal teaching and

...and nearly any other pupil in the school, I was so sure that the girl was simply "impressionable" that I told her so as kindly as I could. I told her she could go away for her holidays and so she decided not to return and thus she would be spared any discussion of the subject with the other nurses, and she could put up any excuse she chose at home. She went. But did she take my advice as to giving up the idea of nursing? Not at all. She secured admission to some other hospital that was hard put to for nurses, and graduated! And a few weeks ago Maud M. wrote asking me to recommend her for registration. She could not locate the superintendent who signed her certificate and appealed to me to endorse her. I expect she writes R.N. after her name now, though I declined to reply to her letter.

I have always told my nurses who were not to be retained long enough in advance for them to communicate with their friends if they so desired. On one occasion when I knew a nurse had no home in the strict sense of the word (she had several sisters not far off who had homes), I let her remain for six weeks in the sewing room till she secured another position. Hospital superintendents and heads of training schools are not infallible but they are not all as heartless as would appear from the article. N. C. McL.



### The Right of Vindication

*To the Editor of The Trained Nurse:*

Miss Jacque's "Right of Vindication," in the January number of THE TRAINED NURSE, should be read by every training school superintendent and nurse in the nursing world. This article deserves more than passing notice now that we are endeavoring to raise the standard of the profession. Young people with noble characters have left their far away country homes to enter a training school of some large hospital, bringing with them the officials require of them, such as physical, moral and mental qualifications to enter a professional life.

The path to this profession is very narrow and steep, and many personal sacrifices are made by the pupils to reach the height of their cherished aspirations. To be dismissed apparently without effect is a grave injustice.

Miss Jacque's article advocates a trial, which is an excellent idea, such trials would promote efficiency. Another stumbling block in the path of the nursing profession is the head nurse, who ruins the careers of many and is often helped by that sour life of the hospital. A woman of character, a maker of character.

After dismissal from the training school nurses find it very hard to get a position without means in a large city. Wandering around they become bewildered in the weary search for the "bread of life." They cannot endure the sufferings, and, as an outcast, the heart has ceased to listen to the "still small voice" which would have led back to the home land. The noble, Godlike character has been crushed and, far from home, is mingling with the crowds of a great city.

T. LUKEMAN SHEA, R. N.



### To the Editor of The Trained Nurse:

In response to an article published in May number dealing with "The Religious Situation Among Nurses," wish to say:

Rightly a true religious spirit is often lacking in our hospital life; still we can hardly hope for the churches or their ministers to instil it. Quite naturally a nurse will drift away from the biblical teachings, for how can she adopt the law of evolution and cause and effect and still cling to time-worn fables and impossibilities?

Surely, let us have more religion, but a religion of Brotherhood and Love, a love ministry to all equally, forgetting all class distinction, more faith in manhood and womanhood, and let us look to science in its many branches to redeem us from much unrighteousness. Truly, churches with their creeds have had their day.

FANNIE J. BRUNING.



### A Book on Dietetics

*To the Editor of The Trained Nurse:*

I would like to ask through THE TRAINED NURSE for a list of the best books on sick diet. I have not been able as yet to get anything that just suited me. I think there must be books that would teach those nurses who were not fortunate enough to have dietetics in their training-school course. Also a book that would contain recipes that most any family could afford to use. So, if you will please ask this question through THE TRAINED NURSE I will be very grateful.

L. H., Nebraska.

We are very much surprised at this request of our correspondent, as we can hardly believe that the numerous books on dietetics, given in our catalogue and premium lists, have failed to supply the need, as they represent the best and most popular books on the subject. We shall be glad, however, to have suggestions from other nurses.

EDITOR.

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# Book Reviews

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*Practical Dietetics, with Reference to Diet in Disease.* By Alida Frances Pattee. Sixth edition, revised and enlarged. Price, \$1.50.

The rapidity with which Miss Pattee's book has reached its sixth edition is a sufficient comment on its popularity and usefulness, and this latest edition contains improvements and additions which will greatly increase its value. The entire subject matter of the volume has also been revised to incorporate the results of the latest research in dietetics.

Miss Pattee has combined the theoretical and practical sides of the subject in such a manner as to give her book an unusually wide field of usefulness. The first part deals with principles of nutrition and food preparation, the second with practical applications of the principles of nutrition, including a large number of thoroughly tested recipes, and the third with hospital dietaries, diet in disease and diet in special conditions. A table giving the food value of the materials used in the recipes and an outline of the requirements in dietetics of the various State Boards of Examiners of Nurses are among the new features of the volume.



*Elementary Materia Medica for Pupil Nurses.* By F. W. Scott, Jr., Ph.G., instructor Materia Medica, Long Island State Hospital, Brooklyn, N. Y. Price \$1.00.

This book, as its name implies, is intended to meet the needs of the pupil nurse. Special prominence has been given to weights and measures, including the metric system and tables of equivalents (Chapter 1); solutions (Chapter 2); doses (Chapter 3); prescription reading (Chapter 7)—points that so often receive but little attention. Chapters 4 and 5 are devoted to definitions and Chapter 6 to abbreviations. Chapter 8 contains a list of the more common medicinal substances, the more important ones being made conspicuous with capital type and the necessary information is given briefly and concisely. Chapter 9 is a short treatise on poisons. Scattered throughout the book are many useful notes. The index is unusually complete. It is a small book containing much information that is easily accessible, arranged in a simple way that experience has shown to be the best form of presenting the sub-

ject of materia medica to the beginner, giving her a good foundation. It includes more than is covered by the work in materia medica in many of our training schools and more than that covered by our State registration examinations.



*The Principles and Practice of Bandaging.* By Gwilym G. Davis, M.D., Universities of Pennsylvania and Gottingen. Third edition, revised. Illustrated from original drawings by the author. Price, \$1.00.

The present volume is based on a previous one, but the illustrations have all been redrawn and the manuscript rewritten, so that it is practically a new book. In describing the roller bandages an endeavor has been made to give their simplest and best mechanical construction. As a rule only the essential turns have been described and illustrated, fearing more would confuse the learner. As the book is intended for beginners, the language used is as simple and direct as possible, technical terms being avoided. For sale by the Lakeside Publishing Co.

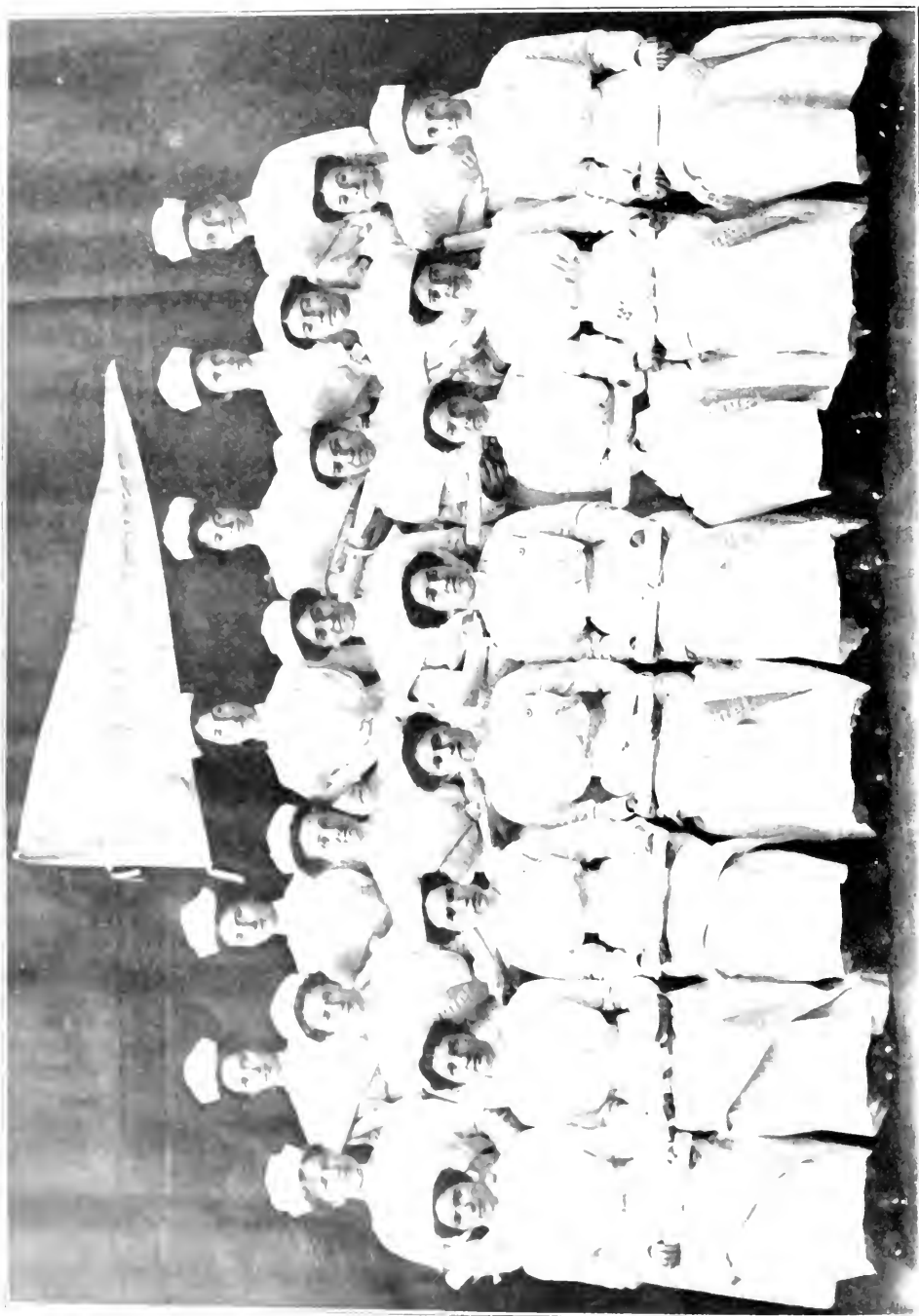


*Plaster of Paris and How to Use It.* By Martin W. Ware, M.D., N. Y. Adjunct Attending Surgeon, Mount Sinai Hospital, Surgeon to the Good Samaritan Dispensary, Instructor of Surgery in the New York Post-Graduate School. Second edition, revised and enlarged. Price, cloth, square form, \$1.25. De luxe, leather, \$2.50.

The exhaustion of the first edition and the persistent demand for this helpful book were the incentives for this second edition, which has been completely rewritten and enlarged and thus its scope of usefulness has been greatly extended. Complete new drawings and marginal side notes in red embellish the book and ninety illustrations are used to more clearly put up to the eye of the reader the intent of its subject matter.

Such information as history, materials, manufacture of bandages, storage, bandages of commerce, Calot plaster bandages, the immediate preparation of bandages, application and precaution, removal of bandages, etc., are all given under the contents of the plaster of Paris bandages. Then follow such chapters as application of the plaster of Paris bandage to individual

(Continued in Publisher's Desk)



CLASS OF 1911, MT. CARMEL HOSPITAL, COLUMBUS, OHIO



# In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE

## Colorado

The following are the examination questions of April, 1911, of the Colorado State Board of Nurse Examiners. The last four subjects are elective, one of which shall be chosen by the applicant:

### ANATOMY (Written)

1. Define anatomy, osteology, medulla.
2. (a) How many distinct bones in the human skeleton? (b) Name the classes into which they are divided. (c) Name and locate one bone of each class.
3. (a) What is the thorax? (b) With what bones do the innominate bones articulate?
4. (a) What is cartilage? (b) What is a tendon? (c) Describe the Tendo achillis.
5. (a) Give the uses of muscles. (b) What are extensors? Adductors?
6. (a) Of what does the circulatory system consist? (b) State the chief difference between the coats of veins and arteries.
7. (a) State what you know about red corpuscles. (b) Normally how do they compare in number with the white corpuscles?
8. Name the divisions of the alimentary canal and the accessory organs.
9. (a) What are nerves? (b) Give number and arrangement of the cranial nerves. (c) What parts of the body are controlled by the sympathetic system?
10. (a) What is the retina? (b) What is the conjunctiva? (c) What is the tympanum?

### PHYSIOLOGY (Written)

1. (a) What is elimination? (b) Name the waste products.
2. (a) What is the function of the kidneys? (b) How are they connected with the bladder?
3. (a) What organs constitute the digestive system? (b) Name two of the juices found in this tract.
4. Where does the blood get its oxygen?
5. (a) What are Peyer's Patches? (b) Where are they found? (c) What disease affects them?
6. What is the function of the bile?
7. (a) What are the mammary glands? (b) What is their function?
8. (a) What are the mastoid cells? (b) Where are they located?
9. Name the organs of taste.
10. What are the uses of perspiration to the body?

### MATERIA MEDICA (Written)

1. (a) What is meant by the physiological action of a drug? (b) Mention five ways in which medicine may be introduced into the circulation.
2. What is the best antidote for carbolic acid?

3. (a) How much salt should be added to a quart of water to make a normal salt solution? (b) Name three antiseptics commonly used.

4. (a) What is a cathartic? (b) How may they act? (c) Name a cathartic that is beneficial in dropsical conditions.

5. (a) What is an infusion? tincture? liniment? saturated solution? (b) How are these administered?

6. If a child is to take gr. 1-150 of strychnine and you have tablet gr. 1-30, how many doses have you, and how would you divide the quantity accurately?

7. What do the following symbols stand for: p.r.n., q.h., gtt., alt. hor., aa., sp. gr., t.i.d.?

8. Is there any error in the following? If so, correct same. If patient's skin is dry and pungent, give atropine sulphate, gr. 1-100, by mouth; if perspiring profusely, give pilocarpine, gr. 1-12, at 8 P.M.

9. When should acids, iron, arsenic and potassium iodide be given? Why?

10. (a) Define digestant. (b) What is pepsin? (c) What is its action?

### DIETETICS (Written)

1. (a) Define dietetics. (b) What are nitrogenous foods and what is their chief function?

2. (a) What do you understand by predigested foods? (b) By modified milk?

3. Has skimmed milk any great value as a food? Give reason.

4. (a) By what signs do you know a fresh egg without breaking? (b) Which are more easily digested, raw or soft-cooked eggs? (c) Give a proper method of preparing a soft-boiled egg.

5. (a) Which has the higher nutritive value, fish or meat? (b) Which is more easily digested?

6. (a) By what signs do you know good beef? (b) By what signs do you know good fish?

7. Give a good method of preparing beef juice and state what cuts of beef are best for this purpose.

8. (a) What is included under the head of light diet? (b) Why is butter valuable as a food?

9. How do you increase the digestibility of starchy foods? Give reason.

10. (a) What instruction have you had in dietetics? (b) Give name of one book on dietetics with which you are familiar.

### HYGIENE (Oral)

1. (a) What does personal hygiene include? (b) What does sanitation include?

2. (a) What is disease? (b) Define environment, immunity.

3. (a) Are relaxation and sleep synonymous terms? (b) Why are they so important?

4. (a) What effect has exercise upon the muscles? (b) What is the effect of moderate physical

10. What are the signs of violent exercise?

11. What should you govern the kind and quantity of food? (a) What, if any, should you give after a hearty meal when the patient is really exhausted?

12. If you are the country to care for a typhoid patient, would you investigate the house for conditions regarding sanitary conditions?

13. How would you disinfect and dispose of the patient?

14. What are boards of health? (b) Enumerate their duties and powers.

15. What is the objection to public drinking fountains? Is there any provision for its abolishment?

16. What are food preservatives? (b) Name the most common ones.

17. What is the reason for the general crusade against house flies?

### 8. SURGERY AND DISEASES OF WOMEN (Oral)

1. How are wounds infected? Give six ways.

2. Give measures for prevention of wound infection. (a) Bands, sutures, instruments, etc.

3. How will you prevent infection from infection?

4. How will you care for a puncture wound, as from a nail or stab wound?

5. What are the symptoms of infective inflammation?

6. What is the menopause? At what age does it occur?

7. What would you consider as symptoms of cancer of the uterus?

8. (a) What symptoms would lead you to suspect gonorrhea? (b) How would you manage a case?

9. How will you prepare a woman for curettage?

10. Define Sims', Knee-Chest and Fowler's positions.

### OBSTETRICS (Oral)

1. What do you understand by the terms, breech and labor?

2. What care and treatment should the patient receive during the first stage of labor?

3. What should a nurse do as soon as head is in?

4. If a fundus is applied, where should a nurse place the pin, and why?

5. What should a nurse do in a case of postpartum hemorrhage?

6. (a) When would you give a new-born infant a bath? (b) What precautions will a nurse take when she is after labor?

7. What precautions should a nurse take to protect the child with the heart?

8. How can a depressed nipple be drawn out?

9. What precautions must be taken when giving a child a bath?

10. What is meant by the term abortion and what are its types?

### MEDICAL NURSING (Oral)

1. Name the different kinds of pulse and how they differ. How does fever terminate? Describe the pulse.

2. What are the signs of central head respiration?

3. What are the complications of typhoid

fever? (b) What nursing measures may be used for the same?

4. Describe how the bladder should be washed.

5. Give treatment of infantile convulsions previous to doctor's arrival.

6. (a) What nursing measures may be used for hemorrhage from the stomach and the lungs? (b) Differentiate these conditions.

7. What are the most important things for a nurse to do in caring for a case of pneumonia?

8. When and how are nutritive enemata given?

9. (a) What is meant by suppression of urine, retention and incontinence? (b) What is the specific gravity of normal urine?

10. (a) Where should hypodermics never be given? (b) What would you do and not do to remove a foreign body from the ear?

### ELECTIVE

#### BACTERIOLOGY (Oral)

1. (a) What two germs cause most of our pus infections? (b) Where are they found normally?

2. Name four of the contagious diseases that are caused by a germ.

3. (a) What degree of heat will kill bacteria? (b) Under what conditions do bacteria multiply?

4. (a) What disinfectants would you use to kill bacteria? (b) Give strength and tell how each is used?

5. What are toxins and antitoxins?

6. What are the natural defenders of the body against disease?

7. How is disease transmitted?

8. (a) What is immunity? (b) How is immunity acquired?

9. Define septicemia and pyemia.

10. How are gonorrhea and syphilis disseminated?

### ELECTIVE

#### CONTAGIOUS DISEASES (Oral)

1. What is the difference between infectious and contagious diseases?

2. (a) What are the symptoms of smallpox? (b) What precautions would you take if a patient you were caring for developed the disease?

3. (a) What is the incubation period of measles? (b) What advice would you give a mother if she consulted you in regard to isolation?

4. What care and management would you give a case of whooping cough?

5. (a) How is scarlet fever contagious? (b) How will you disinfect when caring for a case?

6. How will you prepare a room for fumigation after any communicable disease?

7. (a) What prophylactic treatment would you advise in diphtheria? (b) How long would you quarantine a case?

8. Why do you isolate erysipelas?

9. What are the most common complications in contagious diseases, and how would you guard against them?

10. (a) Name five air-borne diseases. (b) Name three water-borne diseases.

### ELECTIVE

#### HYDROTHERAPY AND MASSAGE

(Oral)

1. Enumerate five kinds of baths and describe the giving of two.

2. In giving bath to reduce temperature, do you use friction? Give reason.
3. Describe the best method of applying hot applications to the abdomen.
4. Describe fully the application of heat and cold to the spine. What effects are produced?
5. When are cold baths contra-indicated?
6. Does massage produce any change in the body temperature? If so, why?
7. What general principles do you follow in applying massage for rheumatism?
8. What movements have the most soothing effect upon the nerves?
9. What precaution would you take in applying massage for infantile paralysis?
10. Name four (4) conditions where massage would not be permissible.

## ELECTIVE

## NERVOUS AND INSANE (Oral)

1. What are the symptoms of apoplexy?
2. What are the important points to remember in nursing paralysis?
3. Define the terms monoplegia, hemiplegia, paraplegia.
4. What are the symptoms of chorea?
5. What are the special points to be observed in nursing meningitis?
6. Mention some of the important points to remember in the restraint of patients.
7. What particulars of convulsions should be noted and recorded?
8. What are some of the qualifications necessary for a nurse to have in order to be successful with neurasthenic patients?
9. How should a nurse deal with hysterical patients?
10. In examining a person whom you found unconscious, what particulars will you note?



## Changes in the Army Nurse Corps

## APPOINTMENTS

Mrs. Maud Quinn Hendrickson, graduate of Brownlow Hill Hospital, Liverpool, England, with subsequent experience at Sisters' Hospital and Teller Co. Hospital, Cripple Creek, Colo., assigned to duty at the Army General Hospital, San Francisco, Cal.

## TRANSFERS

To Ft. Bayard, N. Mex., from San Francisco, Cal., Marie E. Logan and Nena Shelton. To Ft. Sam Houston, San Antonio, Tex., from Ft. Bayard, Bessie S. Bell and Pamela E. Tiernan. Carrie L. Howard from Ft. McKinley to duty as acting chief nurse at Pettit Barracks, Zamboanga. Mame G. Johnson from Division Hospital, Manila, to Pettit Barracks, Zamboanga. To Division Hospital, Manila, from Ft. McKinley, Sayres L. Milliken; from Camp Keithley, Florence W. Thompson. To General Hospital, San Francisco, from Philippines Division—arrived April 12, 1911: Johanna Linchan and Emma Woods from Division Hospital; Frances Nowinsky and Minnie E. Schreiber from Zamboanga; Hannah A. Kallem and Marie E. Logan from Ft. McKinley. Arrived May 12, 1911: Sophy Mary Burns and Henrietta Davidson from Division Hospital; Katherine Dwyer from Camp Keithley. Arrived June 11, 1911: Louise C. Boldt

from Division Hospital; Evelyn E. Mericle from Zamboanga.

## DISCHARGES

Orpha A. Hopper and Mrs. Adjie H. Chapman from Division Hospital, Manila. Discharged in Manila.

About the middle of May a request was received from the commanding officer, Base Hospital, Ft. Sam Houston, San Antonio, Tex., for the assignment of Red Cross nurses to this hospital. Miss Bessie Bell was sent from Ft. Bayard as acting chief nurse, with Miss Pamela Tiernan for assistant. The following enrolled Red Cross nurses were sent from St. Louis, Mo., also for service at this hospital: Misses Emma H. Beyer, Eleanor L. Bollman, Anna Belle Cawley, Julia H. McCorbrey, Celina B. Rohlfing and Anna C. Struckmeyer. Most gratifying reports have been received both from the commanding officer in regard to the efficiency of the service thus secured and from the nurses, who consider themselves fortunate to have been given this assignment.

JANE A. DELANO,

Supt. Army Nurse Corps.



## American Society of Superintendents

The Seventeenth Annual Meeting of The American Society of Superintendents of Training Schools for Nurses was held in Boston, Mass., May 29, 30 and 31, 1911, at the Park St. Church.

The meeting was called to order by the president, Miss Mary M. Riddle, at 10.15 A.M.

The invocation was pronounced by Rev. A. Z. Conrad, D.D., pastor of Park St. Church.

*Address of Welcome:* David Snedden, Ph.D., commissioner of education, State of Massachusetts.

In connection with his cordial words of welcome Dr. Snedden spoke on vocational education—that form of education which is to fit for productive work, whether industrial, professional or other. The two essential elements of vocational training are study of fundamental principles and practice in their application. Behind this is cultural education and selection. The standard of cultural education required is rising in every field of vocational education. The problem of the educators of nurses is, like that of every other branch of vocational training, threefold—first, selection; second, preparation; third, right proportion of theory and practice.

*Response to Welcome:* Miss M. Adelaide Nutting, Teachers' College, Columbia University.

Miss Nutting compared the problems which the association faced sixteen years ago with those it faces today. Sixteen years ago the way out

...an eight-hour day. The same three hours of instruction, if spread over a greater interval, would be more effective today. The "way out" is to be found in the correct education of the nurses. One hundred and 30,000 pupils are now being trained in the United States and under these conditions the "way out" then must be found outside of the nursing body itself—perhaps in some other way. Dr. Stoddin represents, one whose experience is with educational problems; not a hospital director, and many hospital directors, laymen and not a body of educators.

*Report of Treasurer:* Miss Mary M. Riddle, Treasurer, Newton Hospital, Newton, Mass. Accepted. Five minutes.

*Report of Secretary:* Read by Miss Georgia M. Scott. Accepted.

List of names of candidates recommended by the committee for membership. Accepted by unanimous vote.

List of resignations from the society read. Action deferred.

*Report of Treasurer:* Postponed on account of absence of treasurer.

*Report of Chairman of Robb Memorial Fund:* Miss Helen S. Hay. Read by Miss M. Adelaide Nutting.

Great interest has been shown and a quick response to the appeal met with. Over \$5,000 has been available for immediate use. Report accepted.

As Miss Hay has been obliged to resign, Miss M. Adelaide Nutting was appointed to succeed her as chairman of the Robb Memorial Fund.

*Report of Chairman of Committee on the Hospital Education of the Community:* Miss Annie W. Goodrich.

Miss Goodrich, in her opening plea for the support of the education of the community, which, she said, has only thirty minutes of instruction. It should be that a more active interest should be shown in the value of "The Education of the Community and Health" be secured. Report accepted.

*Report of Committee on Red Cross Nursing:* Miss M. Adelaide Nutting. Accepted.

Miss Nutting, in her report, said that the Red Cross Nursing Committee had been very active in its work.

*Report of Committee on Advancement of Registered Nurses:* Miss Clara D. Noyes. Partly heard and action deferred.

Meeting adjourned.

#### AFTERNOON SESSION, 2 P.M.

*Report of Delegate to Society for Prevention of Infant Mortality:* Miss E. A. Crandall. Heard and accepted.

*Address:* "Some Impressions of the Present Situation in Nursing." Miss Isabel McIsaac.

A discussion followed, resulting in a vote to form a committee to consider the advisability of getting the whole subject before the public by presenting articles in the lay periodicals, setting forth not only the aims and ideals of the nursing profession but the problems and difficulties in their achievement.

*Paper:* "The Importance of Securing to the Superintendent Powers Equal to Her Responsibilities." Miss Sara E. Parsons.

Discussion, Miss Samuel, Miss Cadmus, Miss Nevins, Sister Amy and others.

*Recommendations* by Miss McIsaac:

1st. That society should establish an advisory board for help of inexperienced superintendents.

2d. That the society should establish a bureau or an institutional directory.

3d. That closer relations should exist between superintendents and State boards of registration.

No action taken on recommendations.

Adjournment.

#### TUESDAY A.M.

Meeting called to order, 10.30.

*Report of Committee on Education:* Miss M. Adelaide Nutting. After giving some statistics tabulated from replies to the questions regarding preliminary courses, hours of duty, etc., Miss Nutting said: "There are deeper problems than these; there is an unrest in the whole field; there is something inherent in the situation that requires serious scientific study, and the committee recommends that some educational body, as for instance 'The Carnegie Foundation for Advancement of Education,' be asked to study the situation, and thus get from an unprejudiced and able body a solution of this problem manifestly impossible of solution by the profession itself—'The Education of the Nurse.'"

Motion, by Miss Annie W. Goodrich, that the recommendation of the committee be adopted. Carried.

*Paper:* "Some Problems Arising in Affiliations Between Training Schools." Miss Clara D. Noyes, Bellevue and allied hospitals. Discussion led by Miss Tracy, of Adams Nervine Asylum.

*Paper:* "What Are the Great Demands Post Graduate Work?" Miss J. C. Stimson.

Harlem Hospital, New York City. Discussion. In the absence of Miss Carr, who was to open the discussion, it became general, Miss Goodrich, Sister Amy, Miss Stanley and others taking part. Adjournment.

#### AFTERNOON SESSION.

Called to order, 2.20.

Discussion on the subjects of affiliation and post-graduate work continued. Many took part, and the points most strongly brought out were: In *affiliation* the need of the completion of the theoretical work in the home school previous to the time spent in affiliated school; in *post-graduate* work the preparation equivalent to that of a standard general training.

*Address*: "Relation of the Midwife Problem to the Prevention of Blindness." Miss Carolyn Van Blarcom, ex-secretary of New York Commission for the Prevention of Blindness. General discussion with questions ably answered by Miss Van Blarcom.

Voted, that the chair appoint a committee to draw up resolutions endorsing the work of the commission represented by Miss Van Blarcom.

Committee announced: Miss Goodrich, Miss Palmer, Miss Nutting.

Miss Nutting obtained the floor and spoke on infant mortality. At the next congress of the Society for Prevention of Infant Mortality there will be a nurses' section. Some of the questions relative to this subject are: "Where and how will the nurse work most effectively?" "The district nurse's part"; "The day nurseries—shall they be places of training?" "Maternity insurance;" "The nurse sanitary inspector."

*Paper*: "How to Promote a Larger Social Life in the Training School." Miss Jessie E. Catton, Springfield Hospital, Springfield, Mass. General discussion.

Adjournment.

*Lecture*: "Fatigue in Relation to Health and Efficiency," by Dr. Frederic S. Lee, Professor of Physiology, Columbia University, at the Institute of Technology, at 8.15 P.M.

#### WEDNESDAY, A.M.

Called to order, 9.45.

*Address*: "Cooperation of Educational Institutions with Training Schools for Nurses." Miss Sarah Arnold, Dean of Simmons College.

A general discussion of the requirements, benefits and practical working out of such co-operations followed.

*Reports* of training schools connected with universities:

University of Minnesota Hospital, Miss Powell,  
University of Virginia Hospital, Miss Hurdley,

University of Chicago Training School, Washington Training School, St. Louis, North Dakota, Boulder, Col., and Galveston, Texas.

Adjournment to Massachusetts General Hospital Clinic at 11 A.M.

Demonstrations:

- a. Spinal anesthesia.
- b. Gas and oxygen anesthesia.
- c. Administration of Salvarsan.

#### AFTERNOON SESSION, 2 P.M.

*Address*. "The Place of Apprenticeship in the Educational System." Miss Isabel M. Stewart, Teachers' College, Columbia University.

Demonstration: Training-school records. Miss Sarah E. Parsons, Massachusetts General Hospital.

Election of officers. The tellers reported the following officers elected: President, Miss Mary Wheeler, Chicago; vice-president, Miss Mary M. Riddle, Massachusetts; vice-president, Miss Francina Freeze; secretary, Miss Jessie Catton, Springfield; treasurer, Miss Mary McEchnie; members of council: Miss Margaret Dunlop, Miss Elizabeth Flaws.

Final adjournment.



#### Vermont

The annual meeting of the Fanny Allen Hospital Graduate Nurses' Association was held at the hospital in Winooski, Vt., Tuesday, June 13. Following the business meeting, at which Margaret Connors, president; Anna Larner, vice-president; Rose A. Lawler, secretary, and Rev. Mother Steere, treasurer, were unanimously re-elected for the coming year, nine new members were admitted to the association and resolutions passed on the death of Dr. S. E. Maynard. A musical program was rendered in honor of the guest of the day, Rt. Rev. Bishop Rice, D.D. Miss Sarah Corley and Master Lee Lord, an expert violinist, contributed toward making it a success. A paper on "Our Training School, Past and Present," was read by Mrs. R. A. Lawler.

Rt. Rev. Bishop Rice addressed the nurses, taking for his subject "The Life of the Nurse and Her Mission," and those who were fortunate enough to be present will not soon forget the beautiful words of praise and commendation given to the Fanny Allen nurses.

After the presentation to the Bishop of the members, together with the pupil nurses of the training school, and the reception of the Episcopal benediction, adjournment was made to the dining room, where a substantial luncheon was served by the sisters at the hospital. Dr. Lyman



The regular monthly meeting of the Nurses' Alumnae Association of the Woman's Hospital, Philadelphia, Pa., was held June 14, 1911, at the Philadelphia Club for Graduate Nurses, 922 Spruce Street, with eleven members present, the president in the chair.

The minutes of the May meeting were read and accepted.

The corresponding secretary read a communication from the Philadelphia Club for Graduate Nurses, soliciting the assistance of the association with a bazaar to be held in the club house in the late autumn.

Miss N. W. Guthrie was made chairman of a committee to work this up among the members.

The treasurer gave a very satisfactory report of the finances for the past six months.

The treasurer also reports a contribution toward the Isabel Hampton Robb Memorial, another to the Jubilee Fund to build open-air wards on the roof of the Woman's Hospital, as well as the yearly donation to the hospital.

The Training School of the Woman's Hospital graduated seventeen nurses on May 24.

The exercises were very interesting, Clinic Hall being decorated in gold and purple, the school and Alumnae colors. After these exercises the friends were invited into the parlors for refreshments and a social half hour, then asked to return to Clinic Hall to hear the class day exercises. These were most interesting and humorous, showing that there was some play as well as hard work during the three years.

As usual, the association gave the class a tea on the 25th of May, about sixty spending a social hour or two.

There were eight admitted into membership, the majority members of the class of 1911.

After the regular business the president, Mrs. I. B. Close, gave a very interesting report of her visit to Boston, where she attended the American Society of Superintendents of Training Schools and the Nurses' Associated Alumnae of the United States.

This was the last meeting before the summer vacation; the next meeting will be on October 11.

Friends in New Castle have learned with deep regret of the death of Miss Octavia Seiver, a graduate nurse of Shenango Valley Hospital, Class of 1908, which occurred at the residence of her sister, Mrs. Krouse, at Parsippany, N. J. Death due to tuberculosis. The deceased was a young woman of many fine traits and had many friends to whom the news of her death brings much sorrow. Miss Seiver was engaged in

private nursing up to the time of her illness.

#### RESOLUTIONS

*Whereas*, It has been the will of our Heavenly Father to take to Himself one of our number who was loved by friends and those to whom she ministered in her profession,

*Resolved*, That we, the members of the Shenango Valley Alumnae, realizing this great loss, extend our deepest sympathy to her mother, brothers and sisters.

*Resolved*, That a copy of these be sent to her family, and also be placed in the minutes of the Alumnae.

RUTH McCURE, President,  
JENNIE E. PERRY,  
DELLA GLENN.



#### New Jersey

Graduation exercises of the Training School for Nurses attached to All Souls' Hospital, Morristown, were held in the parlors of Mount Saint Michael. There were three members of the graduation class, they being Sr. M. Allaire, Miss Mollie Nolan and Miss M. Anne Besse.

They have the honor of being members of the first graduation class of that school, which was begun three years ago.

Present on the occasion were the Very Reverend Dean Brown, who presided, and made the principal address; the Rev. Fathers McCarthy and Larkin, Doctors Frederic W. Owen, Henry A. Henriques, Clifford Mills, Francis Glazebrook, Harry A. Vaughan and many friends of the graduates.

Dr. Henriques presented the class pins to the graduates.

The exercises closed with the presentation of flowers to the graduates.

A reception followed and refreshments were served.

The Alumnae Association of the Newark City Hospital tendered to the graduating class of 1911 a reception on May 15, at Oraton Hall. About one hundred nurses and their friends were present. A pleasant time was spent by all, dancing taking up a greater part of the evening.

Miss C. Schmoker, first vice-president of the Newark City Hospital Alumnae Association, attended the convention in Boston of the Nurses' Associated Alumnae of the United States.

On May 20, 1911, Arthur Russell, Jr., was born to Mrs. Kathryn A. Russell. Mrs. Russell graduated from the Newark City Hospital in 1907.

Miss M. J. Taylor, class of 1908, of Norfolk, Va., joined the Navy Nursing School and is now stationed in Portsmouth, N. H.



### North Carolina

The fourth annual meeting of the North Carolina State Nurses' Association was held at Greensboro, N. C., June 14, 15, 16, 1911. Among the subjects presented of special interest were the following: "The History of Nursing," by Dr. W. P. Beall; "The Trained Nurse as the Doctor's Assistant in the Reduction of Infant Mortality," Dr. Chas. Robeson; "A Plea for a Standard Preliminary Educational Training for Nurse Applicants in North Carolina," by O. C. Hobbs; "Qualifications of the Nurse," by Mr. W. B. Pratt; "Oral Prophylaxis," by Miss A. M. Insch; "Nursing of the Aged," by Miss McIntosh; "A Plea for the Nurse Tubercular Victim," by Miss Birdie Dunn; "Operations and Care of Post-Operative Cases in the Home," by Miss Florence Perry. The election of officers resulted as follows: President, Miss Constance E. Pohl; first vice-president, Miss Mary L. Welch; second vice-president, Miss Mary E. Lytle; treasurer, Miss Eugenia Henderson; secretary, Miss Lois A. Toomer; directors, Mrs. Pratt and Mrs. Dorothy Hayden.



### Mississippi

A number of graduate nurses of Mississippi met at the Charity Hospital Nurses' Home at Natchez, June 7, 8, for the purpose of organizing a Nurses' State Association.

The following officers were elected: President, Miss Jennie M. Quinn, Hattiesburg; vice-president, Miss Ruth Shepard, Natchez; treasurer, Miss F. M. Hornum, Natchez; secretary, Miss Edith Steele, Natchez.

The constitution and by-laws were read and adopted. Twenty-eight applicants were received for membership. The meeting was adjourned to the 10th inst.

President Miss Quinn is a graduate of the Grace Hospital Training School of Scranton, Pa., and is now president of the Hattiesburg Association of Nurses.

Miss Ruth Shepard, of the Philadelphia Hospital, is in charge of the Natchez Association.

Miss F. M. Hornum called a meeting of the association for the purpose of organizing a Nurses' State Association. The

following officers were elected: President, Miss Jennie M. Quinn; vice-president, Mrs. E. R. Fairchilds; secretary, Miss Daisy Thomas; treasurer, Miss Sallie Harrell.

The meetings will be held every two weeks. This is the second local association in Mississippi, the Adams County Association having been organized some months ago.



### Kentucky

The Alumnae of the City Hospital Training School for Nurses held a meeting April 14, twelve members being present. Election of officers: President, Miss Mary E. Foreman, City Hospital; first vice-president, Miss Frances Conroy; second vice-president, Miss Lillian Rice; recording secretary, Miss Baum; corresponding secretary, Mrs. M. Emma Fielding, R.N., City Hospital; treasurer, Miss McPherson. Alumnae elected Miss Matilda Steilberg as a delegate to the annual national convention at Boston. The Alumnae has taken in fifteen members during the year 1910-1911. We have a membership of forty-eight members.



### Illinois

The Grace Hospital Alumnae Association entertained the Class of 1911 at a theatre and dinner party May 30, 1911.

The graduating exercises of the Training School of Grace Hospital, Chicago, was held Thursday evening, June 1, when diplomas were awarded by the president of the staff, Dr. A. Butling, to Margaret Lipsword, Sophia Diskin, Elizabeth Carey, Katherine Lang, Myrtle Moor, Dora Jacobson, Agnes Krise and the class pins by the superintendent, Miss M. Higley.

Miss Jane Adams gave the address to the graduating class.

At the conclusion of a very enjoyable program dancing was indulged in.

The Alumnae of the Grace Hospital held its last meeting for the season Monday evening, June 5.

Yearly reports were read by the secretary and treasurer.

After the general business was concluded the election of officers for the coming year took place.

Miss C. Bystedt was reelected president; Miss M. Gillespie, vice-president; Miss R. Massoth, treasurer; Miss C. Smith, secretary.

Refreshments were served at the conclusion of the meeting.





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**JOHNSON'S PURE BARLEY FLOUR**



After seven years' study, research and practical experimenting in laboratory and mill, F. N. Johnson has succeeded in making a barley flour nearer to perfection than ever has been produced.

**JOHNSON'S PURE BARLEY FLOUR**

is of exceedingly fine texture, great purity and richness. It is the best nourishment known for infants or invalids.

Nurses supplied with FREE samples upon request, to demonstrate its rare value and general excellence.

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**SAFE**—because sanitary.

**CONVENIENT**—Raise the lid with the foot lever—it closes itself.

**ODORLESS**—Because its *flanged rim* is a seal.

**DURABLE**—Because made that way.

## The Only Automatic Waste Pail for Hospitals and Sickrooms

Its use is a mark of professional *conscience*, and will impress both patient and public as nothing else of its price could do.

And *rightly* so, for it is "JUSTRITE," and is so accepted by the best-managed institutions in America.

Send for price list.

**JUSTRITE MANUFACTURING COMPANY**  
**335 SOUTH CLINTON STREET**

**CHICAGO, ILL.**



OPENS WITH THE FOOT  
CLOSES ITSELF

### Michigan

The Michigan State Board of Registration of Nurses will hold an examination and registration meeting August 16, 17 and 18, 1911, at Lansing, Mich. for graduate and non-graduate nurses. This will be the last opportunity for non-graduate or practical nurses to apply for registration in Michigan and the last examination of such nurses.



### Washington

The annual meeting of the State Board of Nurse Examiners was held at Walla Walla June 15 and 16.

The annual meeting of the Washington Hospital Superintendents' Association was held at Walla Walla June 15. Some of the papers presented were as follows: "Hydrotherapy," by Miss Ensign; "The Sociological Question as Seen in the City Hospital, Seattle," by Miss Schrach, superintendent; "The Tuberculosis Preventorium for Children," by Miss E. Weller. Hospital management and other subjects allied to hospital work were also discussed. The next meeting will be held at Bellingham.

The annual meeting of the Washington Graduate Nurses' Association was held at Walla Walla June 15 and 16. Excellent papers were read and discussed. The following officers were elected: President, Miss L. H. Wilkinson, of Bellingham; first vice president, Miss M. C. Burnett, Spokane; second vice president, Miss G. Halver, Walla Walla; treasurer, Mrs. Etta Cummings, Tacoma; secretary, Miss R. Tibbits, Bellingham; council, Mrs. G. Green, Seattle; Miss Edith Weller, Tacoma; Miss H. Barton, Spokane; Miss G. Halver, Walla Walla. Next meeting will be held at Bellingham.



### Minnesota

The twentieth annual commencement of the Rochester State Hospital Training School for Nurses was held May 26, 1911, in Amusement Hall. The program, which was of unusual interest, was as follows: Address, "Missionary Work and Military Ideas in Nursing," Dr. R. M. Phelps, reading, "The Trained Nurse," George F. Davis, of Victoria, Mabel A. Plummer, of Portland, "The Prevention of Disease," George F. Davis, of Victoria, Maude M. Plummer, of Portland, "The Prophecy," Dr. A. L. Rogers, of Chicago, "The Nurse," Dr. A. L. Kilbourne, of Chicago, and a number, both vocal and instru-

mental. The graduates are: Messrs. Harold H. Saholt, Daniel J. Scott, Ernest D. Barker and the Misses Margaret E. Valentine, Jessie B. Palmer, Vida S. Baldwin, Vera G. Herold, Mabel A. Plummer, Maude M. Lawry, Nora E. Daly, Ella C. Bruesch, Bertha E. Weise, Mattie L. Larson, Alma L. Luedtke, Carrie A. Bemis. Class motto: "We sail tonight: where shall we anchor?" Class colors, maroon and old gold.



### Personal

Dr. Anita Newcomb McGee has been appointed lecturer on hygiene of the University of California for the summer session. Dr. McGee is now living in Berkeley, Cal.

Miss Lucy Ashby Sharp, graduate of Johns Hopkins Hospital, Baltimore, Md., well known in hospital reorganization work, has been appointed superintendent of the hospital and training school of the New Rochelle Hospital, New Rochelle, N. Y.

Miss Clara F. MacKenzie, of Philadelphia, a graduate of the Pennsylvania Orthopedic Institute, Philadelphia, Pa., has been engaged by the White Sulphur Springs Hotel, White Sulphur, W. Va., to take charge of its hydropathic and massage departments.

Miss Beatrice Chambers, graduate nurse of Chicago, and for the past year on the nursing staff at St. Peter's Hospital, Helena, Mon., has resigned and will resume private nursing.

Miss Minnie Adams, of Helena, Mon., has gone to Yellowstone Park for the summer as nurse in the hotels of the Yellowstone Transportation Co.

Miss Anna Sygreland, of Helena, Mon., expects to leave for her claim not far from Augusta, Mon., to live there fifteen months as required by law.

Miss Effie A. Hutchinson, of Helena, Mon., has gone to her home near Toronto, Canada, for the summer.

Miss Agnes Tattersfield resigned her position as superintendent of nurses of the Memorial Hospital Training School, of New London, Conn., May 1. Miss Nellie Burby, of Bellevue Hospital, New York City, was chosen to fill the position. Miss Burby arrived at the hospital

Those who  
travel well

make sure  
before start-  
ing that the  
grip contains  
a cake of

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Nothing equals it  
for removing the  
grime and dust of  
travelling.

After automobiling, golf,  
tennis or other exercise, a  
bath with Hand Sapolio  
is most invigorating.  
By a method all its own  
Hand Sapolio cleanses  
the pores, aids the  
natural changes of the  
skin, imparts new vigor  
in life. Once used  
always used.



FOR TOILET  
AND BATH



Miss M. Queen, a graduate of the school, has been chosen assistant superintendent. Miss M. Queen acted as matron during the absence of Mr. Queen.

Miss Margaret Striker and Miss Margaret McQuinn, graduates of the Buffalo Woman's Hospital, returned from Montreal on July 14, 1911, after their trip abroad, returning by way of New York October 18.

Miss L. Clayton, formerly assistant superintendent of the Miami Valley Hospital, Dayton, O., has been appointed superintendent of the City Hospital, Minneapolis, Minn.

Miss Katherine Ellison has been appointed superintendent of the Cincinnati Hospital Training School for Nurses, succeeding Miss Olive Fisher, resigned.

Miss Jean Vennema has accepted the position as head tuberculosis nurse at the City Hospital, Grand Rapids, Mich.

Miss Ethel Bailey, of Montreal, Can., a graduate of the Women's Hospital, Montreal, Can., and also of the Pennsylvania Orthopaedic Institute, Philadelphia, Pa., has been requested to give a course in the Swedish system of massage and hydrotherapy to the nurses in training at the Royal Victoria Hospital, and has returned to the Pennsylvania Orthopaedic Institute for postgraduate work before resuming her new duties. This instruction was previously given by Miss Sophie Blackwell, also a graduate of the Pennsylvania Orthopaedic Institute.

Dr. Arrie L. Lewis, of Fall River, Mass., a graduate of the Union Hospital, Fall River, and a member of the Pennsylvania Orthopaedic Institute, has been engaged by the Union Hospital, Fall River, to instruct in massage to the nurses in training.

Dr. Harriet Peoples, former superintendent of the Helena Hospital, Helena, Mont., expects to return to the Pacific Coast.



#### Marriages

Miss L. B. Bennett, graduate of the Victoria Hospital, Kingston, Can., and a member of the Vina Z. Foote Training School, Detroit, Mich., was married June 10 to Mr. Charles Bennett, of Vancouver, B. C.

Mr. and Mrs. McCain will be at home after July 15 at 1004 Pendrell St., Vancouver, B. C.

The bride has many friends, both professional and social, who join in wishing her a happy and prosperous future.

Miss Blanche Rose Williams, graduate of the Mill Road Infirmary, Liverpool, England, Class of 1905, was married to Mr. James H. Chesley the fourteenth of June.

Miss Williams was a member of Miss Foote's Home for Nurses for the past five years and all her friends extend congratulations and best wishes for happiness.

On June 28, 1911, Miss Cecila Cleerman, formerly matron of the State Hospital, St. Peter, Minn., was married to Mr. A. C. Hill. Mr. and Mrs. Hill departed for Minot, N. D., where they will make their future home. The best wishes of their friends for a happy future attend them.

On July 12, at Boston, Mass., Miss Jennie Olive Tweedie, Class of 1904, Adams Nervine Hospital, Jamaica Plains, Mass., to Mr. J. C. Earle. Mr. and Mrs. Earle will reside in St. John, New Brunswick.

#### Obituary Notes

Mrs. Ida May Rorie, 40 years old, who served as a nurse during the Boer War in South Africa with Gen. Baden-Powell, and has been a nurse in Little Rock, Ark., for the last seven years, died in that city in June at St. Vincent's Infirmary.

Mrs. Rorie was one of the best-known nurses in Little Rock. She was a graduate of three London, England, hospitals, the Guy's, the Children's and the St. George. She was highly honored by Queen Victoria and presented with a medal by Princess Christine in recognition of her services in South Africa.

Immediately after the war she returned to London and came direct to Little Rock and took up the practice of her profession.

Miss Mary Burr, of Manhattan, Kans., died July 8 at the Baptist Hospital, Muskogee, Okla., where she was in training to become a nurse. Death was caused by acute intestinal trouble.

Miss Burr would have graduated from the training course next January. She was very popular with the patients of the hospital and besides had many friends in Muskogee.



## ARE YOU IN PAIN?

**D**OCTORS probably ask this question more frequently than any other! To relieve pain, whether it be a slight nervous headache or the most excruciating neuralgia, brings the height of pleasure to both patient and physician. The ideal remedy must not only do its work safely, but it must also do it quickly. Prof. Schwarze (*Therapeutische Monatshefte*), believes the coal-tar analgesics are of use in all forms of dysmenorrhoea in which no anatomical changes can be demonstrated. Other practitioners find that it is necessary, in many cases, to also administer codeine in small doses. "Antikamnia & Codeine Tablets," would seem to meet just these indications. Codeine does not induce habit and is non-constipating.



When patients complain of weariness and despondency, or are in need of a refreshing sleep, prescribe one or two Antikamnia & Codeine Tablets. You and your patient will be most agreeably surprised at the relief given.

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Swedish Movements, Medical and Orthopaedic Gymnastics

### Electro-Therapy      Hydro-Therapy

The instruction is theoretical and practical. Lectures, Quizzes and Demonstrations on Anatomy, Physiology, Pathology, Theory of Massage and Gymnastics, Hydro- and Electro-Therapy by members of the staff and invited physicians. Abundant clinical material. Students attend clinics at several city hospitals. Separate male and female classes. Diploma.

#### Fall Classes

Open on Sept. 20 and Nov. 15, 1911

Best-equipped institution for Physiologic Therapeutics in America: Electric light, dry hot air, vapor, blue-light baths, Dr. Baruch's hydriatic table, all forms of hydriatics, Nauheim baths and Schott exercises, nebulizers, vibrators, Frazier-lentz baking apparatus, solar and incandescent lamps, Bier's hyperaemia apparatus, galvanic, faradic, static electricity, high frequency, sinusoidal currents, X-Ray, Bachelet magnetic wave, Von Leyden and Frenkel system for the treatment of tabes dorsalis, special gymnasium for the treatment of spinal curvature and deformities. Medico-Mechanical Zander gymnasium. Particulars and illustrated prospectus upon request.

**Pennsylvania Orthopaedic Institute  
and School of Mechano-Therapy**  
(Incorporated)

**MAX. J. WALTER, Superintendent**  
1711 Green Street,      **PHILADELPHIA, PA.**



### Tennessee Registration Bill

AN ACT to regulate the practice of trained nursing in this State, to define offenses against the Act, and to prescribe and fix the punishment for such offenses.

SECTION I. Be it enacted by the General Assembly of the State of Tennessee, that, every person who shall comply with the provisions of this Act, and shall have recorded as herein provided the certificate authorizing such person to practice the profession of a trained nurse in this State, shall be a registered nurse within the meaning of this Act, and entitled to all its privileges, and charged with all of the duties therein imposed upon such nurse.

SECTION II. Be it further enacted, That, within thirty (30) days from the passage of this Act, the Governor of the State shall appoint a board known as "State Board of Examiners of Nurses," which Board shall consist of five graduate nurses, two of whom shall reside in West Tennessee, one in Middle Tennessee, and one in East Tennessee, and the Governor shall not appoint as a member of said Board a nurse who has not the endorsement of the Society of Trained Nurses to which such nurse belongs. State Board of Examiners of Nurses shall within sixty (60) days after it is appointed, meet in the City of Nashville and organize by the selection of one of their number as Chairman, and another as Secretary. The members of this Board shall hold their respective positions as such for five years and until their successors are appointed.

Upon the expiration of their terms of office, it will be the duty of the Governor to appoint a new board of like number and qualification, but, in making such appointment, he shall reappoint at least two of the then members of the said Board, and from the time of this Act, that, after the first appointment of the said Board there shall always be on the said Board experienced members thereof, and that the membership of said Board shall not be often changed.

SECTION III. Be it further enacted, That, it shall be the duty of every person in the State who shall practice the profession of a trained nurse in this State, within sixty (60) days from the passage of the State Board of Examiners of Nurses, to obtain from the said Board a certificate of record. In the next section, and to have the same recorded by the Clerk of the County Court of the County in which said person resides.

SECTION IV. Be it further enacted: That it shall be the duty of the State Board of Examiners of Nurses, upon its being made satisfactorily

to appear to it that an applicant is a person of good moral character, of legal age, and is the holder of a diploma from a Training School of Nurses, in good standing, connected with a Hospital or Sanitarium in this State, which gives at least a two years' course, or Training School of like standing outside of this State, which diploma is in all respects regular, to certify that fact to the clerk of the County Court of the residence of the applicant, who shall thereupon receive and record the same, and issue to the said applicant a license as follows:

State of Tennessee,

.....County.

To Whom it May Concern: Greeting.

Whereas .....of .....has presented to me a certificate issued to .....by the State Board of Examiners of Nurses, showing that she (or he) has complied with all of the requirements of the law entitling applicants to such Board to their certificate, and demanded that the same be recorded as the law requires. This certifies that the same is so recorded in the book kept by me for that purpose, and that the said .....is authorized to practice within this State the profession of a Registered Nurse.

Witness my hand and official seal at office in .....this.....day of.....19...

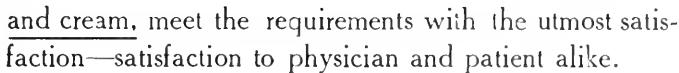
.....  
Clerk of County Court of ....County, Tennessee.

For issuing this license, recording the same, and doing all the other duties required of him under this Act, the said clerk is entitled to demand and receive of the licensee the sum of fifty cents.

The said clerk shall keep, in a well-bound book, a copy of the license issued to each applicant, and shall, in another book, keep a record of the certificates upon which the said license is issued, and shall also preserve the certificate as one of the records of his office.

SECTION V. Be it further enacted: That non-residents of the State may procure a certificate, and have the same recorded, and procure a license from the County Court for the County in which they desire to practice the profession of trained nursing, by producing satisfactory evidence to the State Board of Examiners of Nurses that they, or such applicant, is of lawful age, of good moral character, and that he or she is the holder of a diploma from a recognized Training School for the Training of Nurses, whose course of training and study is as full and thorough as are such schools in this State, whose diplomas entitle the applicant to be considered

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The "Clinical Record," for physicians' bedside use, will be sent prepaid on request to any physician who has not already received one, together with samples of POSTUM and GRAPE-NUTS for personal and clinical examination.

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## Pepto-Mangan (Gude)

is unquestionably efficient in blood-building therapy, and is always readily taken, well-tolerated and promptly absorbed and appropriated. 69  
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Samples and Literature upon request  
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Our Bacteriological Wail Chart or our Differential Diagnostic Chart will be sent to any Physician upon application.

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A teaspoon of Horsford's Acid Phosphate added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

## Horsford's Acid Phosphate

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

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## GASTRO-INTESTINAL DISEASES

are usually more severe and intractable to treatment during the summer months.

Through the prompt use, however, of

# Gray's Glycerine Tonic Comp.

and careful regulation of the diet, it is always possible to control in short order, even severe attacks of entero-colitis, summer diarrhea or other bowel affections, and impart to the organism the exact tonic stimulation and recuperative power essential for complete and permanent recovery.

Free from all contraindications of age or season, "Gray's" presents all of the virtues and advantages of cod liver oil, or other tonics—with none of their drawbacks.

THE PURDUE FREDERICK CO.  
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Relieves  
Local  
Pain and  
Inflammation

(Apply Externally)

NOW SUPPLIED IN GLASS JARS  
RETAIL PRICES

5 oz. Glass Jars - \$ .25	1 1/4 lb. Glass Jars - \$1.00
11 " " " - .50	5 " " " - 2.25

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## Broths Without Grease

The preparation of liquid food which will be free from grease is sometimes quite a task. The skimming of soups and broths is tedious, not wholly effective, and often results in losing much of the nutritive value of the food.

The Cleveland Kitchen Utensil Co., of Cleveland, Ohio, has patented and is now manufacturing a device which seems destined to become one of the essential aids in the sickroom, the nursery and the home.

They have fittingly named this after "Jak Sprat," that friend of our childhood who "could eat no fat."

It is only necessary to pour the soup or broth through the separator. The grease is instantly removed from the broth, which retains all of the nourishing, digestible meat juices, and is ready to serve at once. Although the Jak Sprat is only a little larger than a tea cup, it will clarify two gallons of broth at one operation.

This device is made in three distinct parts, which may easily be taken apart for cleaning. The material is pressed copper, quadruple silver plated. The rounded corners without seams make it perfectly sanitary.

In fact, it is a splendidly designed, well constructed and very serviceable utensil, which will find a ready welcome both in the hospital and the home. The price is only \$2.00 postpaid.



## A Pillow for the Sickroom

A hospital should have the finest, cleanest pillow that can be made.

With this in mind an enterprising firm in Chicago has designed a pillow especially adapted for hospital use. It is called the Immerich "Ever-Clean" Feather Pillow and is notable for its protected removable ticking cover. By an ingenious arrangement of interlapping flaps this ticking can be removed in clean moments for washing and sterilizing. The feathers used in this pillow are perfectly cleaned, carefully cured and thoroughly sterilized.

At the first time an opportunity presents itself to use the Immerich "Ever-Clean" Feather Pillow.

## Wonderfully Refreshing

When overcome by prolonged mental or physical strain there is nothing like Horsford's Acid Phosphate to revive the drooping spirits. A teaspoonful in a glass of cold water will be found wonderfully refreshing.



## Smith College Fudge

Melt one-quarter cup of butter. Mix together in a separate dish one cup of white sugar, one cup of brown sugar, one-quarter cup of molasses and one-half cup of cream. Add this to the butter and after it has been brought to a boil continue boiling for two and one-half minutes, stirring rapidly. Then add two squares of Baker's Premium No. 1 Chocolate, scraped fine. Boil this five minutes, stirring it first rapidly and then more slowly toward the end. After it has been taken from the fire, add one and one-half teaspoonful of vanilla. Then stir constantly until the mass thickens. Pour into buttered pan and set in a cool place.



## Dustless Floors

Standard Floor dressing preserves the floors, keeps them from splintering and warping, controls the dust, and keeps it from flying about. Reduces labor and cost of cleaning. Do you use it in your hospital? If not, send us your address. Standard Oil Co., 26 Broadway, New York City.



## Bovinine

For a period of over twenty years Bovinine has been known and extensively employed by medical men. Bovinine represents the highest quality in its ingredients and the highest skill in its combinations. Special preliminary processes of preparing the various constituents, as well as of compounding them, unite to produce a food and tonic of uniform strength and physiological action.

The significant feature of the administration of Bovinine is that it produces results on the whole economy that are lasting, not passing, and it has the very great advantage of having no contraindications.



## Good Nurses and Careful Mothers

are particular about using no other but

# MENNEN'S BORATED TALCUM TOILET POWDER

because it is freely recommended above all others by physicians everywhere. MENNEN'S is the safest and purest of Toilet Powders. It not only **smooths** the skin but **soothes** the skin, not only **hides** roughness and rawness but **heals** them.



TRADE MARK

**Mennen's Borated Talcum Toilet Powder** is as necessary for Mother's baby as for Baby's mother

It contains no starch, rice powder or other irritants found in ordinary toilet powders  
Dealers make a larger profit by selling substitutes. Insist on  
Mennen's. Sample Box for 4c. in stamps

The Gerhard Mennen Company, Newark, N. J.



## K-Y LUBRICATING JELLY

"The Perfect Lubricant"  
for  
Specula, Catheters, Rectal  
and Colon Tubes



Non-greasy, water-soluble, and does not soil clothing or dressings.

Invaluable for sore hands, giving prompt relief from chaps, cracks and the irritation due to use of antiseptic solutions.

A liberal sample to nurses on request.



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Recommended by the leading specialists and physicians.

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### Junket with Pineapple Sauce

Pineapple as well as rennet, aids in the digestion of milk, making this one of the daintiest of the Junket dishes. Make a perfectly plain Junket using a quart of milk and one of Chr. Hansen's Junket Tablets. Omit all sugar and flavoring. When ready to serve pour over the following.

**Pineapple Sauce.** Grate very ripe pineapple to measure at least a pint. Boil together a cup of sugar and a half cup of water until they spin a soft thread. Take from the fire and stir in hastily the grated pineapple. Turn this into your serving boat and stand away to cool. When ready, serve the Junket and put over and around it a little of the pineapple sauce.



### Cadillac Stove and Toaster

The Cadillac Combination Stove and Toaster serves a greater variety of uses than any other electrical heating device made. Eggs, chops, coffee or tea may be prepared with it at the same time that toast is being made in the drawer beneath.

Three different heats—high, medium and low—can be obtained by means of the connections at the side of the stove, providing for fast cooking, slow cooking or simply warming dishes already prepared. The stove is five inches high and eight inches square. It may be attached to any convenient light socket and consumes 550, 300 and 275 watts per hour respectively for the high, medium and low heats.



### Resinol Soap

This soap is more than a cleanser; it is a protector, preserver and beautifier of the skin, to which its nutrient qualities add vitality and color.

It is one of the best soaps for the complexion that can be obtained, and when used regularly will completely remove pimples, blackheads, redness. The formation of any kind will not be allowed to appear. It also overcomes the skin's wrinkling effects of exposure to sun, wind and heat. That conscious feeling of exuberance and renewed vitality after its use is a reality, because it is a bath with any other soap.

It is so often recommended by physicians for infants and children, for it not only keeps the skin in the best of condition, but it also prevents the common ailments of scald head, chafing, and diaper rash.

### Robinson's Patent Barley

In typhoid fever where milk is given, try a preparation of equal parts barley water and milk. Mix a teaspoonful of Robinson's Patent Barley in a little cold water to a smooth paste, add one pint of cold water and boil twenty minutes, cool, and mix with an equal amount of good, clean milk. This is an ideal food for typhoid fever patients and agrees with many much better than the milk alone. Send for book giving other recipes. See advertisement in this issue.



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This splendidly constructed abdominal supporter was invented by Dr. Katherine L. Storm and took first prize offered by the manager of the Woman's Hospital, Philadelphia. It is superior to any other supporter in every way, is light, flexible, durable, comfortable, is as washable as underwear, is elastic, yet has no rubber elastic in it, and has no whalebones. See the advertisement in this issue for fuller particulars. Send for circular.



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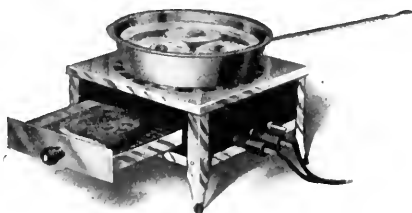
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### Preparation for the School Days

The old adage that "an ounce of prevention is worth a pound of cure" should be especially borne in mind and, as far as possible, acted upon in the preparation of children for the beginning of the school days in the fall. If, in spite of a summer vacation and the open-air life during the hot months, the young girl is seen to be more or less "run down" and enemic, a few weeks' treatment with Pepto-Mangan (Gude) will almost certainly instil force and vigor by improving the vitality of the blood, increasing the appetite and aiding nutrition generally. The student is thus fortified against the physical strain which is almost inseparable from the close air and confinement of the classroom and the lack of exercise due to such confinement. The frail, delicate girl, who seems to wither and fade soon after the school duties are resumed, will also "stand up" better under the strain if Pepto-Mangan

is administered regularly for a couple of weeks in anticipation of the school days to come.



### Hospital Supplies for the Government

The recent estimates sent out by the Navy Department for their Supply Depot at Brooklyn called for 300 of the Meinecke "Army and Navy" Combination Ice Bags and Helmets. This combination ice bag and helmet is so shaped that when flattened out it forms a regular round-shaped ice bag suitable for use on any part of the body. It can also be folded into helmet shape, and in this way is suitable for applying to any part of the head. This combination feature makes it very valuable for general use in a hospital. The bag is also fitted with a brass collar and with the patented Meinecke Unlosable Washer.

The same estimate also called for 100 of the Meinecke "Perfection" White Enameled Bed and Douche Pans.

On May 24 the Field Medical Supply Depot of the U. S. Army at Washington awarded a contract to Meinecke & Co. for 200 of the No. 4 White Enameled "Perfection" Bed and Douche Pans, while on June 12 the same firm was awarded a contract by the Department of the Interior for 38,000 of their "Simplex Sanitary" Paper Spatum Cups for use in the Indian service.



### The Care of the Teeth

The teeth should be brushed and a suitable mouth wash employed at the morning toilet and just before retiring at night. The teeth should be brushed from the gum toward the cutting edge, to avoid irritating the margin of the gums and the subsequent exposure of the neck of the tooth, which is not protected by enamel; then rotate the brush on the grinding surface of the molars, that all of the minute fissures may be freed from every particle of food substance. One part of listerine to twenty parts of water will be found sufficiently powerful for the general care of the deciduous teeth of children, while one part of listerine and three parts of water form an efficient antiseptic solution for employment upon the brush and as a daily wash for free use in the oral cavity, in the care and preservation of the permanent teeth. While listerine may be variously diluted to meet different degrees of sensitiveness of the mucous surfaces, many persons employ it upon the brush in full strength and enjoy its pungency.

# The Trained Nurse and Hospital Review

VOL. XLVII.

NEW YORK, SEPTEMBER, 1911

No. 3

## Some Common Causes of Insanity

ANNE E. PERKINS, M.D.

THERE is a growing tendency to the belief that many causes of insanity are preventable, as witness the little pamphlet by Homer Folks, of the N. Y. State Charities Aid Association, entitled "Why Should Any One Go Insane?" This is written in the belief that a wide publicity of some common causes which rest with the individual will educate people to be more careful. For instance, in New York State last year 17 per cent. of all admissions were general paresis, which is caused by syphilis, and this in turn generally by immorality and "wild oats."

If boys and young men were educated as to the danger of contracting venereal diseases in immoral resorts, and taken through our insane hospitals to be given an object lesson of paretics, cerebral syphilis, etc., perhaps there would be fewer tragedies of paresis attacking prominent, respectable men as a result of youthful follies. A distinguished English alienist says: "If only the evils of alcohol and venereal disease were disposed of, then half the problem of insanity would disappear with them."

Causes are generally divided into predisposing and exciting, but rarely can insanity be attributed to one single cause to the exclusion of other factors.

In most insane patients there is a mental and nervous instability, susceptible to vari-

ous factors, any one of which may precipitate a breakdown.

How we meet and overcome our troubles, obstacles, losses, disappointments and "internal conflicts" is the test of our stability and sanity.

Anything which tends to weaken the nervous system and brain, lowers its resistance and lays an unstable individual liable to the so-called exciting causes which would not affect a stable, normal brain.

Probably the most prominent predisposing causes are heredity, alcohol, syphilis, epilepsy, use of drugs, as morphine and cocaine and cigarettes, accident or head injury, actual disease of the brain cortex, arterio-sclerosis.

Exciting causes are legion—on commitment papers they are sometimes amusing, varying from ill health, overwork, worry, grief to "death of mother-in-law," operations, some trivial fall or injury.

As a matter of fact, we most of us have about all we can bear at some period or other in our lives, and when we consider that *every one* has grief, loss of relatives and friends by death, financial reverses, disappointments, etc., and still insanity is the exception, sanity the rule, it becomes apparent that it must be in the *individual* and not the "causes." Some people are so constituted that they cannot bear stress and

at once give way when they are no longer sheltered from life's buffetings. Dr. Carlos MacDonald in the *Medical Record* for January 7, 1911, mentions as potent causes "the four w's"—"wine, women, worry and work." To these he adds toxemia, starvation, hardship, undue exposure, mental and physical shock, the puerperal state, prolonged lactation, pubescence, the climacteric, etc.

General paresis is due to syphilis in the great majority of cases, if not in all; but in proportion to the vast number of cases of syphilis, there are few who develop it, and these have a psychopathic taint generally.

The eminent English alienist, Dr. Savage, believes that predisposition is so important that only a certain number of persons are so constituted that they can become insane. "When the fathers have eaten sour grapes the children's teeth are set on edge." We all see daily the transmission of physical and mental qualities from parents to children. Some claim that environment is the most important factor in shaping our lives, others that heredity is infinitely more potent. Mandsley says: "There is a destiny made for man by his ancestors and no one can elude, were he able to attempt it, the tyranny of his organization."

We are told in the Scriptures that "the sin of the father shall be visited upon the children even unto the third and fourth generation." Any person with a strong hereditary predisposition to insanity is very likely to break down under domestic influence, loss of fortune, ill health, childlessness, early dissipation or alcoholic excess. There is great difficulty in obtaining reliable history as to heredity, relatives of patients being generally unwilling to admit facts to themselves that there is insanity in the family. On this account hospital records are liable to lead one to underestimate heredity. There can be no *overrate* it as the most important factor in causation.

This does not mean that every predisposed person becomes insane, for many escape by the law of variation or admixture with healthy stock, or failure to be exposed to causes.

The *tendency* to insanity, the predisposition or taint, is inherited and manifests itself in various ways, as epilepsy, imbecility, neurasthenia, migraine, hysteria, etc. The mother transmits insanity more than the father—69+ per cent. as compared to 39+ per cent.—and through the daughter especially.

High-grade imbeciles who are not restrained from marriage and childbearing, chronic drunkards, neurasthenics, psychasthenics provide continually fresh tainted stocks. Our manic depressive cases are not confined for any length of time and "in the intervals between attacks breed a stock of potential lunatics and paupers." We all know families which have two or three or more members who are manic depressives or epileptics or dementia præcox. Some families show a remarkable tendency to suicide, associated with depression, or even when the individuals are not supposedly insane there is a suicidal obsession or suggestion in a neuropathic stock. There are cases where each succeeding generation shows several suicides at a particular age or by a certain method. Inter-marriage between first or second cousins in neuropathic families is therefore likely to tend to insanity, but not if both stocks are free from taint.

The transmission of an *acquired* characteristic, such as desire for alcohol, is contrary to the doctrine of heredity, but the lack of will power and moral sense—the temperament that induces alcoholism—is transmitted, as Mott points out in his articles on heredity in the *Lancet*.

Alcoholism is a *symptom* or *result* of degeneracy, rather than its cause in many cases, though the discussion waxed warm on this point. A person often drinks *because*

he is not normal, or an individual who is constitutionally inferior cannot bear the effects of alcohol.

The abuse of alcohol aggravates syphilis and all organic nervous diseases and functional neurosis, and underlying defectiveness in parents begets defective offspring. Kraepelin says that over 33 per cent. of insane, idiots and prostitutes shows alcohol in parents. So that one must consider the descendants as well as the drunkard. If people are bound to drink, there should be strict regulation of the quality of alcoholic beverages put on sale. Sentimental and exaggerated campaigns against alcohol do not accomplish their object. As long as it is manufactured it will be consumed. Alcohol certainly figures in one-third of the cases of insanity and it is a preventable cause to some extent. It is a fact that we have relatively few cases of alcoholic dementia, but there is a large class in whom changes take place in the nervous system and the soil is prepared for insanity readily brought on by an acute illness, financial losses, domestic infelicity, etc. It has been definitely shown that drunkenness at the time of conception is a fruitful cause of idiocy, epilepsy and imbecility. Alcohol acts differently in different individuals, but its prolonged use to excess commonly produces certain definite symptoms, as mental deterioration, marked loss of judgment, failure in memory and a real moral debasement.

Patients' relatives conceal intemperate habits, so that statistics are incomplete. Sullivan showed that of 600 children born of 120 drunken mothers, 335 died in infancy or stillborn, several of the survivors were defective mentally and 4.1 per cent. epileptic. Dr. Mabon found in 37 per cent. of 961 cases an alcoholic cause alone or combined. Kraepelin in his Munich clinic found 30 per cent. men, 6 per cent. women insane on account of alcohol, and it was an important factor in 44.9 per cent.

Arterio-sclerosis is very frequently caused by alcohol, and this in turn causes hemiplegia and insanity.

Accounting for over 50 per cent. of all cases by heredity and alcohol, we see that many need not become insane. Some place heredity as high as 90 per cent., which is probably not exaggerated.

Syphilis causes 10 to 15 per cent. of insanity and it is a preventable cause largely. It is a grave menace to those who lead loose sexual lives, as actors, travelling men, soldiers, etc., demonstrate, and of course many innocent victims are infected by marriage. The increase of insanity is more apparent than real, probably due to the fact that so many are now sent to institutions who were previously kept at home or in almshouses, notably seniles, imbeciles, chronic manic depressives and epileptics.

Vicious habits in youth or more mature age, the tension and rush for wealth, social distinction and all the demands of our complex civilization account for many insane. The per cent. of insane is larger in the city than in the country because of added temptations, excesses, tension and rush.

Then, too, there are large numbers of foreigners living in conditions not conducive to health, homesick, lonely and poverty stricken. Our almshouses and insane hospitals are largely filled with immigrants. In New York State are over 28 per cent. of all the foreign-born insane in the United States. In 1906, 46 per cent. of all the patients admitted to New York State hospitals were of foreign birth, while the foreign-born population was only 26 per cent. of the whole population of the State. Besides these, a considerable number were detected at Ellis Island. A striking number of these are young and accumulate in institutions with an expectation of life not much less than the sane of same age. Many who pass inspection at Ellis Island are defective, many become subsequently insane. Race is an

important factor in the cause of insanity. It is well known that nowhere in the world is there a parallel to the prevalence of the *Irish* insane in the United States. In Ireland, in 1903, 1 in 273 were insane, in the United States 1 in 121 is in an insane institution. These are especially alcoholic and senile. The Germans show a great number of senile cases; the Russians, Austrians and Italians dementia praecox.

There is an enormous increase in the Hebrew immigration and a high per cent. of insane. It is three times more common than in other races, as they are remarkably susceptible to nervous and mental diseases. An increasing number of insane are being detected and deported at immigration ports and from hospitals.

It would seem at first thought that the peaceful, uneventful lives of country people should be free from insanity, in spite of the much-quoted statement (not authentic) that farmers' wives form the great majority of insane women. Hard work, long hours, the grind of lack of ready money, the loneliness of elderly people after their children have grown up and left them for the city or to marry, all play an important part in the insanity of the rural districts.

While the relatives will cite a fall or blow or head injury as the cause of insanity, the fact is that these are of no more importance than in sane individuals, and often were so insignificant as to be without symptoms at the time and are merely produced later with a view to softening the supposed reproach of insanity. If it were directly or primarily due to injury to head we shall be able to get a history of concussion, cerebral hemorrhage or hemiplegia. No doubt the shock of the accident, with or without material injury, may cause insanity in neurotic individuals, but more often we have hypochondriasis following trauma, and the neurasthenic or hysterical patient thinks a severe injury of a permanent nature has been received.

Often this is connected with a suit for damages and made worse by litigation.

Meyer shows that in the Franco-German war only thirteen cases of insanity occurred in 8,985 head injuries.

Homesickness is a fairly frequent cause among soldiers and sailors.

Masturbation is a commonly cited cause, but is almost invariably a *result* of pre-existing abnormality in the individual. Many imbeciles and insane masturbate. This is greatly overestimated by the laity and some general practitioners. So also is "religious excitement," which occurs in unstable, neurotic people who would be upset by some other factor quite as easily. We have a frequently repeated group of causes, as anxiety, worry, grief, loss of relatives, domestic trouble, overwork, excessive child bearing, pain long continued, privation, anxiety about business, operations, poverty, illegitimate pregnancy, pelvic disease, fevers and infectious diseases, uterine trouble and persistent insomnia, drugs, as cocaine and morphine.

Occasionally a case becomes insane from excessive pruritus, as in eczema. Goitre, diabetes, tuberculosis, heart disease, Bright's disease are responsible for some cases. We have already said that many of these causes, being operative in almost every one of us at some time or other, are not as important as supposed. In another place we have discussed the correlation of nervous diseases and insanity to pelvic disease and operations, showing that these are less productive of insanity than the popular idea would indicate. Illegitimate pregnancy very often occurs in defective, unstable individual and is a *result* rather than cause in most cases. Drugs are important, *worry* is an important factor.

In heredity we see transmitted such nervous diseases as Huntington's chorea, Friedreich's ataxia and indirectly a neuropathic disposition that favors some neurosis or insanity when exposed to undue strain.

Epilepsy and inebriety may produce neurasthenia, chorea, hysteria or imbecility in succeeding generations.

Fortunately the tendency is to return to normal after three generations, if there is a healthy admixture of stock or a *dying out* of the family because the descendants become too degenerate to propagate. Education is necessary to combat the causes of insanity, to avoid renewing defective stock higher moral standards, a fuller instruction of sexual matters and venereal diseases. Two persons whose families have similar tendencies to insanity ought not to be allowed to marry, nor epileptics and high-grade imbeciles.

Every almshouse has women of low mentality who are allowed to be victims to men of loose morals and produce from one to five children who will almost surely become paupers or insane.

We should begin with the grandparents, Oliver Wendell Holmes used to say; for the stability and fitness of an individual depends largely on inborn characteristics. We cannot "gather grapes of thorns or figs of thistles."

Unstable tendencies are shown in children who are prone to delirium every time they have a temperature above normal, night terrors, sleep walking, chorea, frequent headaches, irritability, viciousness, cruelty, masturbation. Given the problem of unstable children or those from a stock showing "nervous prostration," hysteria, migraine, epilepsy, alcoholism or insanity, we should pay especial attention to them in school and community, to individualize not only dull, stupid children but precocious and neurotic, teaching them manual training above all, a habit of routine, discipline and industry—above all, self-control.

Precocious children must be held in check. An effort should be made to develop the weaker side, to help place these later where they will not be inevitable failures from undertaking what they cannot do without breaking down—to put round pegs in round holes, not square. This is as important work as tuberculosis campaigns. Geniuses are of neurotic stock and should not be pushed to further brilliance. Tuberculosis and cancer are frequent in the generation preceding insanity.

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### BOOKS THAT I WANT

**I** WANT the books that help me out of the vacancy and despair of a frivolous mind, out of the tangle and confusion of a society that is buried in bric-a-brac, out of the meanness of unfeeling mockery and the heaviness of incessant mirth, into a loftier and serener region, where, through the clear air of serious thoughts, I can learn to look soberly and bravely upon the mingled misery and splendor of human existence, and then go down with a cheerful courage to play a man's part in the life which Christ has forever ennobled by his divine presence.—  
HENRY VAN DYKE.

# The Missionary and the Military Ideas in Nursing\*

R. M. PHELPS, M.D.

Assistant Superintendent, Rochester State Hospital, Minn.

NURSING is fast trending toward becoming an ordinary occupation, an occupation entered into primarily as a means of obtaining a livelihood. It, therefore, may be useful to take a look backward for a few minutes over the dusty road that has been traveled and to note some of the purposes and ideas that have determined its direction and contour.

As we do this we are at once struck with the prominence and the prevalence of the "missionary" idea and the "military" idea in nursing work of the past. Not the missionary idea in its meaning of teaching religion to others, nor the military idea in its meaning of fighting. But the missionary idea in its broad meaning of "doing good" to others, and the military idea in its sense of adherence to discipline and its sacrifices not marked by money remuneration.

Great neglect of sick people existed in earlier times. To meet this neglect we find that monks and nuns and sisterhood organizations took in and cared for many of the sick and unfortunate. This was the missionary spirit. The organized sisterhoods and the orders of deaconesses grew into prominence in special places. These cared for the sick in many localities, and still do so in a manner somewhat resembling that of centuries back. Their work was not for money making, but with "missionary" purpose.

But this was not trained nursing in the modern sense. Trained nursing quite strictly originated with Florence Nightingale. And with her work also the "military" idea entered into the work. When she volunteered to follow the soldiers into war, to care for

them in case of need, she mingled the "missionary" idea in nursing with the "military" idea in about equal proportions. The band of nurses led by Florence Nightingale went with the soldiers into war and with the same general purpose, with the same or similar patriotism and similar self-sacrifice. Neither the soldier or the nurse were paid for the sacrifices. Both were to exert great and unrecompensed efforts when emergency came, both were to stand ready to sacrifice health and even life, if chance came, and for no personal reward or gain.

Out of this spirit trained nursing received its first enthusiasm and began its progress.

From this experience, and following it, began the establishment of the hospital school and hospital apprenticeship in the work of nursing. The actual war was, of course, soon left behind. But to take its place, there came the sending of the nurses during their apprenticeship out into the slums of the city and among the most degraded and the most poor to care for the sick ones. This in a measure took the place of the work in war times, and tended to cultivate some of the same spirit. Till very recently this practice has held a place in large cities as a prevalent, though gradually diminishing, custom.

The missionary idea was, therefore, all prevalent in the beginnings of the work, the idea of self-sacrifice and of doing good. Nurses were few. As they multiplied greatly in numbers less and less of the individual sacrifice was noted and more and more was noted the tendency to become an occupation by which one earned a livelihood. It is difficult, indeed, to see how it could be dif-

\* An address delivered at the graduation exercises of the Rochester State Hospital Training School for Nurses, May, 1911.



ferent. The few may do nursing from a quite purely benevolent or sacrificing motive, but the many must make more prominent the occupation idea. I have, therefore, trended toward the consideration of the work as one settling down to about the position of the work of the physician, as one in which incidentally much of unpaid anxiety and sacrifice prevails, yet which aims at a recompense somewhat commensurate with its standing and the work performed. Nursing and medicine each cling to the idea of doing good to one's fellow man.

The "military" idea still has great influence. Like the soldier the nurse has held to the use of a uniform. In each case it is a *prima-facie* badge of authority and ability. It sets each one aside as having ideals, as willing to undergo hardships and dangers while in the service. It carries an assertion of authority. Just as a policeman in uniform speaks and is obeyed as he would not be obeyed without it, so does the nurse. The uniform asserts and enforces better obedience and greater confidence.

Then the military idea carries the idea of rigid discipline. City training schools have generally adopted this idea of rigid discipline. Pupils, like soldiers, are to obey without question their superiors. They have been rigidly held as to conduct. Their time has been sacrificed to meet emergencies, with no suggestion of overtime pay. They are not to talk back. They are taught to faithfully do all that the patients need done. It is true, indeed, that recently nurses have claimed that such arbitrary treatment of them without a hearing from themselves is not called for in the nursing work. It is held that they do not need to learn such rigid and mechanical obedience as is needed to move the army in masses, because they do not work in masses. Yet it must be ad-

mitted that in modified form the idea still prevails very largely. The military idea means the marching all day or all night, taking the danger of disease or death without hesitation and without recompense. So, nursing means the taking of what extra time or extra work or anxiety may be called for by the patient, with no adequate pay or reward.

Thus we see that the central ideas of missionary work and military work, the doing good, and self-denial, are very prominent. Lessening in prominence they possibly are; wholly disappearing they hardly can. To apply an "eight-hour day" and a "double pay for overtime" is indeed theoretically possible, but not without taking the heart out of the ideal nursing. Moreover, it would likely take the pay out of it, for the prevailing wages are comparatively high for the grade of the work, because of this very sacrificing element. If the hours come down to any commercial compact, the pay will undoubtedly come down also.

To all nurses, then, we still commend this spirit as one to cultivate. Do not lose sight of the "doing good." Do not push the purely commercial idea. Cling to the ideals of "service," and do not let them sink from daily view. No law can enforce them, it is true. They lie in the innermost sanctum of the nurse's purposes and aims. But they exist also in the public opinion as the elements which call forth the honor and admiration which nurses get. Of course, nurses are but human beings, fallible as are we all, but even with these frailties the ideal nurses are trained to a line of action which rises by habit and purpose above the exhibition of the failings which may still exist. Cultivate your ideas and habits of sympathy and of self-denial, then, if you would worthily bear the name of "trained nurses."

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# Hospital Publicity

CHARLOTTE A. AIKENS

IT IS generally agreed that right publicity—publicity of the right kind—is a good thing for any hospital, and, conversely, that wrong publicity is bad for the institution. But there is no such general agreement as to what constitutes right and what constitutes wrong publicity. To be sure, there is a general agreement that the personal affairs of patients must not be discussed in the hospital, nor made the subject of news items in the local paper, but apart from that one point opinions are likely to be somewhat at variance regarding the matter of hospital publicity.

The average hospital is not likely to need to consider the necessity of advertising for patronage, though there are occasions when even this may be done without sacrificing to any degree the dignity of the institution and with benefit to the public.

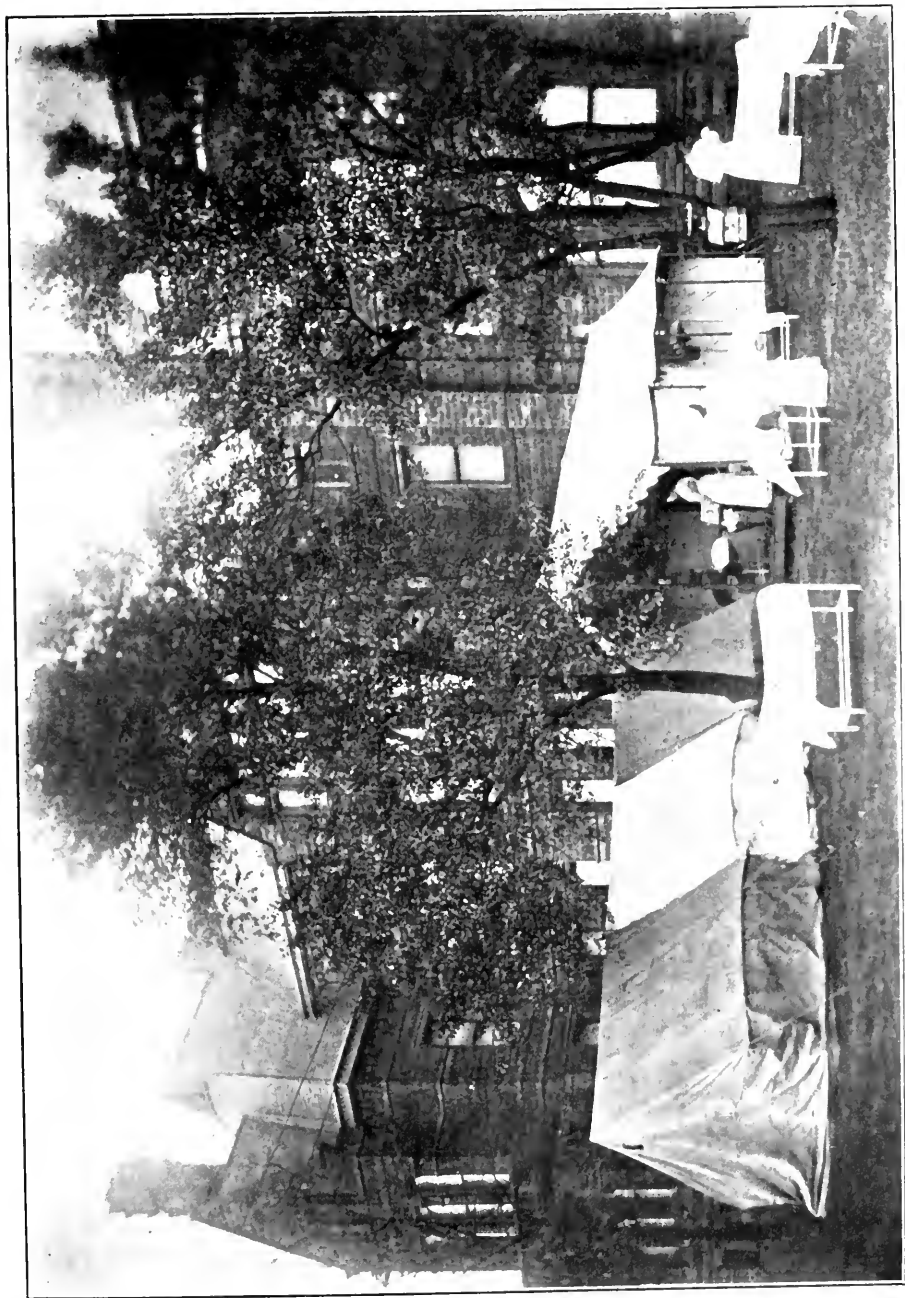
Most hospitals appeal to a local constituency and their support must be expected to come mainly from persons who are living in the hospital locality or related to it in some way. There are, of course, exceptions. Some church hospitals appeal to the denomination at large and receive support from people living thousands of miles from the scene of hospital activities. But, in general, there is an area, more or less clearly defined, which contributes to the hospital both the patients to occupy its beds and the money to support them.

That the local press can be a powerful factor in promoting hospital interests no one will attempt to deny. Yet, too often, there exists a sort of "strained relation" between the executives of hospitals and the press that is a distinct hindrance to the institution. Hospital superintendents have complained that the local papers reported only the dire happenings in a hospital, which it did not wish made public, and that facts

which the papers might have reported, which would have helped the institution, were crowded out or given scant space.

Admitting that there is some truth in this view, is it not a fact that hospital workers themselves are to a considerable extent responsible for this condition? It is easily within the power of the hospital executive to establish cordial and common-sense relations with the representatives of the press. The average newspaperman would rather publish facts than garbled, twisted stories, but he cannot do this unless he has the facts to publish, and these the hospitals refuse on many occasions to give him. The reporter gets an inkling of something that appeals to him as a readable news item. He telephones the hospital for fuller information. The superintendent perhaps has taken the stand—a very decidedly foolish one and prejudicial to hospital interests—that no information of any kind is to be furnished the newspapers by the hospital, and the reporter meets with an abrupt refusal to his request for facts. The reporter is under pressure from a variety of sources. He is obliged to turn in a certain amount of copy. He has only a certain and a very limited time in which to prepare it. He naturally wants to include as much "news" matter of local interest as possible in his space; he hasn't much time to spend in getting hold of facts about matters that are likely to be of interest to only a comparatively small circle of people, and he reasons that if he doesn't publish it a rival newspaper will, so he uses such information as he has, and draws on his imagination for the rest. The story comes out inaccurate, badly twisted as to facts; but is the hospital free from blame?

If hospital superintendents would try once in a while to mentally put themselves



A CORNER OF THE BABIES' SUMMER HOSPITAL, CLEVELAND, OHIO

in a newspaper office, if they would cultivate their imagination more, if they would put themselves in the reporter's place, they would realize that the position of refusing all information is one that is sure to work harm rather than good to the institution. Even if the facts do not look well from the hospital standpoint when published, it is better policy by far for the hospital to give the facts to the reporter of an unfortunate occurrence of which he already has an inkling. The hospital of today has in its make-up too many individuals, too many classes of people for it to adequately suppress the telling of unfortunate happenings to the outside public. After the internes and the nurses have been duly trained to tell nothing, there are still the orderly, the porter and the ward maids each with their coterie of friends ready to hear and tell of hospital happenings. There are the patients and the visitors to the patients, who are bound to find out and report a thing which they are sure the hospital people want suppressed. And—tell it not in Gath—there is the telephone girl or the telephone operator, male or female, especially the night staff in the telephone office. Thus, it happens that within fifteen minutes of the time a death has occurred in a hospital and an undertaker has been telephoned for the reporter calls up and says: "I understand that you've just had a death in the hospital." He, perhaps, has the man's surname and wants his "initials" and age and how long he had been in the hospital, etc. He has a part of the information and he is going to publish what he has. The only sensible course is for the authorized hospital representative to accept the situation and give the facts in such a way as will best protect the interests of the people most concerned and the institution.

If a patient falls out of a window or a delirious patient escapes from the building some newspaper is going to get wind of it. It is useless to try to suppress it and the

institution can best protect itself by being frank about it.

In one city in which for years the newspapers had lost no opportunity to "knock" the hospital because of the antagonistic attitude of the superintendent toward the reporters, the new superintendent called on the managing editor and asked him to have the "knocking" stopped. The superintendent explained that the details about patients who came there seeking treatment could not and would not be given to the reporters, but that details of any affair of a public nature, such as an accident or emergency occurring in the street in which the patient was brought to the hospital, would be freely given, that in fact the hospital would not wait to be asked for the details but would report them promptly; also that facts or plans concerning the institution itself would be prepared at regular intervals for the press. The result of the frank talk was that the papers which had previously delighted in rapping the hospital on every occasion were transformed into "boosters" for the institution.

The hospital must depend for the extension of its work and to a considerable extent for its support on the good will of the public, and in the shaping of public opinion the newspapers are too great a force to be treated lightly or ignored.

The institution which is doing a legitimate work in a legitimate way will be helped rather than hurt by publicity in the long run. The thing to do is to impress the managers of the newspapers with your common sense and sincerity and the genuineness and value of your methods, and secure their co-operation as constructive helpers in the work you have in hand. If your methods are honest the white light of publicity cannot harm, even though things which you would prefer suppressed are sometimes found on the front page. Do not take such occurrences too seriously. In this world of ours events crowd thick and fast and the publication



ALEXANDER AND HIS JUSTLY PROUD  
MOTHER



A BOTTLE AND ITS VICTIM

of the happening you deplore is by tomorrow crowded out of the public mind by pressure of later news.

Snubbing of newspaper representatives is a policy that no institution can afford to adopt. Newspaper workers are, on the whole, civilized beings, no better or worse than the rest of the world, and amenable to reason. It is worth while to take trouble with the reporter, to help him to get the hospital viewpoint as far as possible. If a reporter persists in misrepresenting hospital facts which have been given him, a courteous letter to the city editor from the superintendent of the hospital or the president of the board, asking for some more reliable person to be detailed to report on hospital happenings, will usually accomplish the desired result. The intelligent cooperation of the city editor of a widely read daily paper is worth having—worth making a systematic effort to secure.

There are reasons for every hospital in every community. There are reasons why additions to hospitals should be built. There are reasons why there should be more hospitals in most communities. There are reasons why voluntary support of hospitals should be increased. There are numberless people in all communities who do not understand these reasons, who do not appreciate these needs, who do not see the hospital reports, or who, if they do see them, are not interested enough to read them. These people do read the newspapers and are influenced by them.

The hospital which needs extensions, additions, improvements or more financial support can well afford to spend time in putting its arguments and facts before the public in convincing form, using both the newspapers and the printed appeal through the mail, and to do this insistently not once a year but every few weeks. People who are likely to give to hospitals are always busy people. The hospital needs and interests are apt to be crowded out by less important

demands, unless the hospital takes pains to keep its needs definitely and insistently before them. Every hospital needs a press agent. Some one connected with the hospital should be appointed to attend to the publicity end of the institution's interests. It may be the superintendent, or it may be some member of the board who has time to get facts from the hospital and who has the knack of putting such facts into definite and appealing form.

It is not well to depend on reporters to keep the public posted. The newspaper of today is expected to cover the happenings of the world every day. Furthermore, the modern newspaper isn't a philanthropic organization. It exists to make money for its promoters. It gathers news and sells it, seeks advertising, sells space and secures for its advertisers the widest possible circle of readers. It is willing to do good if it can, conveniently and without sacrificing advertising space. It behooves the hospital to take pains to put the matter it desires published in such shape that its chief appeal cannot be missed or misunderstood. It behooves it to get its needs very clearly defined, and also what it will cost to provide for them, and it behoves it also to find out the best time to send in such communications. Nearly every newspaper has certain days of the week when the demand for advertising space is greater than at other times. Certain large stores have special "bargain days," which they advertise profusely. Real estate dealers have certain days which they prefer for special announcements, etc. If the story of the hospital needs is sent with a request that it be published on a day on which advertising is much heavier than usual its writer should not complain if it was cut down, or given a poor showing. The experience should teach the hospital reporter to find out next time on what day the paper would prefer to have the copy sent.

*Be definite and keep hammering away are*



BABY LATIMER AFTER HIS SUMMER  
OF GOOD CARE



BABY LATIMER AS THE NURSE FOUND HIM

two bits of advice which those who desire to promote hospital interests through the medium of the local press should observe.

What is it that you really want for your hospital? "More money," you answer. Yes; but for what? People will give money for a *definite* need when they would turn a deaf ear to a general appeal.

Do you want money for the support of free beds? Say so. Do more than this. State whether the special appeal is made for a child's free bed or an adult's. Do not try to cover all your needs in one appeal. Find out just what it costs to support a child's free bed for one week, or one month, or one year and state it. Send a picture of your children's ward with your story.

Do you want a baby incubator? Ask for it. Do you want money for a nurses' home? How much? Before you publish your appeal get your ideas of such a building pretty clearly defined, the number of nurses you wish to provide for and the approximate cost. If possible, have a sketch of the proposed building drawn. Decide that you really want and expect results from such an appeal. Consult the newspaper editor about the need and get his cooperation. Then keep hammering away till you get it. Vary the story of your needs from time to time, but do not drop them expecting that one statement of such needs will be sufficient to produce the results you desire. It rarely, if ever, does. Get the editor to promise to stand by the hospital till the thing appealed for comes. Newspapermen are usually glad to help along a philanthropic cause and their influence for good in this matter is not half so fully appreciated as it should be by hospital people.

Instead of voicing such an appeal once a year, publishing it in an annual report and sending it to doctors, other hospitals and cash contributors who are already interested and already convinced of the good work being done, why not expend a part of the effort to reaching new people with convincing

arguments and appeals? This can be done in a perfectly dignified way through the daily press, given a person connected with the hospital who has the talent to state the need and the arguments for support in a readable and convincing way, and to keep up the appeal. The majority of the hospitals of the United States and Canada are small or medium-sized institutions serving local communities, and this paper has been written with this class of institutions particularly in view.

Nearly every hospital has some distinctive feature which it may properly emphasize in its publicity work. In preparing its statement for the press these features should be clearly and definitely outlined. A good example of conciseness and definiteness in this particular is shown in the following from the report of the Babies' Dispensary and Hospital, Cleveland:

"Purpose—To combat the preventable infantile sickness and mortality among the poor by providing medical advice, nurses' care and instruction in the homes, and clean milk for the babies' food, and to establish a hospital for the care of sick babies.

"Organization—A medical director whose entire time is devoted to the service, medical and sociological, of the dispensary; fourteen assistant physicians versed in the study and treatment of infantile diseases; four visiting nurses who assist in the dispensary and go into the homes of the babies to aid and teach the mothers. A temporary dispensary building comprising clinic rooms, a milk laboratory, where the food for the babies can be properly and economically prepared. Three branch dispensaries—Alta House, Central Friendly Inn, West Side Cottage. A milk-distributing system delivering to nurseries, hospitals and 95 per cent. of the babies going to the central and branch dispensaries.

"Needs—A hospital of fifty beds for immediate use before another year has passed. A milk laboratory for which money



is provided. A nurses' home commensurate with the hospital. Funds for the maintenance and development of this work in donations great and small."

This report is a good example throughout of common-sense methods of publicity.

In appealing for support for free beds, instead of stating that the hospital treated a hundred patients free of charge or gave so many days of free treatment, or expended so many dollars in free service, why not at intervals prepare a brief statement of special cases helped, giving in some cases a glimpse into the home conditions which the patient left behind when the hospital took him in. As an illustration of how the story of one free patient may be legitimately used to secure support for other patients consider the following from the *Grand Rapids Press*:

"A workingwoman took two children, a daughter and later a son, to the U. B. A. Hospital for an operation for appendicitis, and they were cured. A child who was terribly scalded was taken to the hospital and cured, scarcely a scar remaining. Her parents were too poor to pay, so the treatment was given free. A Holland boy who broke his arm became a great sufferer because of the diseased condition of the bone which resulted. He was taken to the hospital and the bone scraped and reset. Instead of the threatened amputation the boy recovered and is now helping to take care of the other nine children in the family.

"The U. B. A. Helpers have given free treatment to thirteen cases during the present year. One day last week a patient who had entered on the paying basis was credited \$50 upon leaving when the condition of the family was learned.

"An attractive young girl was suffering from tuberculosis of the knee, and the father, who was extremely fond of her, worried about her condition until he suffered nervous breakdown, and he was taken to the asylum at Kalamazoo. The daughter went to Butterworth Hospital, where she received a course of treatment, which greatly benefited her.

"Many children have received free treatment through the efforts of the Golden Rule Society. One child was saved from blindness through the efforts of this society. This child, who was one in a family of seven children, was suffering from a cataract and the disease had advanced to the stage where total blindness would have resulted in two more weeks. After the operation the sight was restored and the child was returned to the family entirely cured.

"Another child was given an operation for club feet and was cured to the extent that he walked out of the hospital after his dismissal. Another little sufferer, three years old, who was born with a malignant cyst under the right arm, was cured."

This statement was issued just previous to "hospital day" or "tag day," but there is no reason why such reports of work done should not be given through the press oftener than once a year.

*(To be continued)*

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## RICE AS A REMEDY IN SKIN DISEASES

**I**N A recent number of the *Medical Record* Dr. L. Duncan Bulkley, of New York, a specialist in diseases of the skin, cites his experience with a series of cases of skin disorders which were treated chiefly by putting the patient on an exclusive diet of boiled rice, bread, butter and water.

In certain cases a laxative and an alkaline diuretic preceded the restricted diet.

A number of cases of acute and chronic eczema, as well as other disorders, were reported and the general effect was that in from three to six days the acute symptoms had entirely subsided, the parts affected rapidly returning to their normal condition.

The experiments with this simple treatment have extended over a number of years with most gratifying results.

# Safe and Useful Probationers

BY MINNIE GOODNOW

Late Superintendent of Bronson Hospital, Kalamazoo, Mich.

WE ALL agree theoretically upon the benefits of carefully graded instruction and carefully planned work. In practice most of us leave the other person to carry out the theories, while we do the best we can. Our problems are peculiar ones, our situation is unlike the other, our nurses and patients are different from those of the theorists.

In consequence, most of us are doing things of which we do not approve and are struggling with conditions which produce unsatisfactory results. We find, among other things, that it is almost impossible to properly grade the work of our beginning nurses. Because it is hard we hardly make an attempt; we let our probationers and young nurses do work which they have not been properly taught or which they have not been taught at all. We tell a probationer in two minutes or less how to give a bed bath, send her into the wards to do it, and do not inspect her work; we permit a nurse who has been in the hospital four months to tell one who has been there as many weeks how to give a douche; we let a probationer handle a fresh operative case after she has once watched an older nurse. We let them all give medicines as soon as they are capped, or before.

Recently a probationer in one of our best hospitals did the following work during her first *two* days on duty: made beds with patients in them, gave bed baths, gave douches, took care of babies, pumped breasts, irrigated vaginal stitches, and assisted at a vaginal dressing! She was not taught how to do these things, such instruction being manifestly impossible in that space of time. The excuse for the situation was that they were just opening a new addition to the

building, had suddenly increased their force of nurses, and had not time to teach them before they were set to care for the influx of new patients.

Yet every one of these patients had come there with the expectation of getting skilled care and most of them were paying for it.

This may be an extreme case, but it represents the sort of thing which many of us are doing all too frequently, salving our consciences with the excuse that it cannot be helped at the present time. A little later we are going to do differently, but if we will notice, that time a little later seems never to arrive.

It is strange for nurses, of all people, to say that a thing cannot be done, for nurses, more than other people, know how many times a seeming impossibility has to be, and is, done.

But *how* to do it. The first thing is to take some of the time which we spend in worrying over conditions and devote it to real thought. The second is to practice some of the "system" which we are so ready to talk about. These two simple procedures are absolutely all that is necessary to free us from blame and to give our nurses and patients somewhere near what we know they are entitled to.

To be concrete, let us see what can be done with three new probationers. (If there are two or four the same methods will apply.) They arrive in the afternoon to go on duty the next morning. Give them your copy of Hampton's Ethics, and tell them to read, before they go to bed, the chapter on the probationers. (One may read it aloud to the others.) This very simple thing, done at this time, will save them and you many hours of time and woe.

That first evening call them into your own bath room and *show* them what is meant by dusting, and (if your nurses attend to any floors) just how to sweep.

The next morning send for three senior nurses from different parts of the house and give each one charge of a probationer. Tell her that this probationer may do all the needed cleaning, under her (even if it is not finished on time), may carry trays *from* rooms or beds to the serving kitchen, may wash medicine glasses and between meals dishes, may help answer bells (simply finding out what is wanted and letting the older nurse know), and may, if necessary, help in making up dressings. Nothing more.

Just after luncheon, send for the three probationers and, in a half-hour, show them how to make an empty bed, how to wash a patient's face, how to assist a convalescent with tooth brushing, and how to give a drink to a person lying on his back. Have each write on a slip of paper what she has been taught and send her back to her senior with the instruction that she may do these things, and no more.

In making rounds take pains to find out that your instructions are being obeyed and that these young women are *not* doing other things. If you find disobedience, take the probationer away and give her into the charge of another nurse, making very plain the reason for the change.

The second day, when your leisure time permits, spend another half-hour in demonstrating to the three how to change an occupied bed, and how to place and remove a bed pan. Be sure to use one of the nurses as subject. In a few additional minutes you may show them how to place a tray on the bedside table, how to adjust the table and the patient's pillows, bell, etc., ready for the meal. Again, send them back with their written slips.

Now, at the beginning of their third day, you have nurses who know how to do a number of very helpful and much-called-for

things, which is quite safe for them to do and which will not occasion much discomfort if they are somewhat awkwardly done.

The third day spend a half-hour in demonstration of a sponge bath in bed. Again, use one of the nurses for subject and do actual bathing on arms and feet at least. Also demonstrate back rubbing.

The fourth day you may omit any teaching whatsoever. If your three nurses put into practice what they have been taught, as they have been taught, they will be fairly useful and satisfactory additions to the nursing force. A senior nurse, with one such three-day-trained probationer, can accomplish at least two-thirds more than she could alone. Both senior and probationer know well the vast difference there is between proper instruction and "picking it up," and realize how much more valuable one is under the former conditions.

On the fifth day teach how to give a simple enema, going much into detail and giving reasons. Show apparatus, dwell upon the importance of position, explain how haste fails to produce results, and impress upon them that a resultless enema is a failure. Let them understand that it is an important piece of work, a real responsibility with which they are to be trusted.

On the sixth day teach by demonstration how to comb hair. Spend a few minutes showing them in an actual case how to list a patient's clothing, telling one or two incidents to illustrate its importance.

On the seventh day, being theoretically Sunday, instruction is omitted.

Now, all this may seem unsystematic or even illogical. Be that as it may, these nurses have been given real instruction in a good many things which go to make a young nurse useful, and which encourage both her and the older nurses who "hate to bother" with her.

What has it cost you? Two hours and a half of time out of a week, which two hours and a half you would otherwise have spent

in worrying, in apologizing, or in endeavoring to repair the damage which your new nurses had done.

What has been accomplished? You have two, three or four (as the case may be) young women who are happy because they know that they know how to do certain things and who are useful for the same reason.

And the things they can do! They are these:

1. Clean a room properly.
2. List clothing.
3. Give a drink to a helpless patient.
4. Comb hair.
5. Wash faces and help with toilet.
6. Serve a tray and get the patient ready for it.
7. Give bed pans.
8. Rub backs.
9. Make a bed, occupied or unoccupied.
10. Give a bath in bed.
11. Give a simple enema.
12. Mind their manners.

With this list of accomplishments and a minimum amount of brains, any one can keep a nurse busy and still keep her from doing any special damage or occasioning criticism.

Two half-hours the second week may be used for whatever instruction you find most

needed. If you do no more for a few weeks they and you will get on very well.

A few things you must remember are *not* to be done.

A nurse must not be allowed to give douches, catheterize or help with dressings of any sort until she has learned the principles of surgical cleanliness.

She must not be allowed to give medicines or hypodermics until she has learned some of the principles thereof and has committed to memory a list of at least a dozen drugs and their doses.

The difficulty of the above regime is only the trouble of getting your seniors to let the newcomers do all that they can do. A senior will make a bed or clean a room rather than ask a probationer to do it, and she will ask a young nurse to give a douche or a medicine when she is in a hurry, if she thinks it will be permitted. Do not permit it. Talk with your older nurses and impress them with the very real danger of ignorant work. Show them that it is unnecessary to do "probationer's work" when there is a probationer about. A few months of hammering these ideas into the heads of your seniors and a few hours spent with your beginners will work wonders which you have not hitherto imagined.

## SURGICAL SUGGESTIONS

**B** RICKNER gives the following rules which should be observed by the nurse who may be occasionally called into service to assist at the wound:

Hold the sponging hand near the wound, not over the wound.

Keep the wound dry; sponge quickly and often.

Wipe, don't dip.

Use dry sponges; have fresh sponges within reach.

Don't sponge against the operator's knife or needle point.

*Sponge from the wound toward the skin; never from the skin into the wound.*

Never use in a clean wound a sponge that has been on the skin or in contact with infectious material; discard it at once.

# The Treatment of the Ordinary Skin Diseases of Schoolchildren

RACHEL D. SHATTO, PORTLAND, OREGON

AMONG the many troubles which a school nurse meets in her rounds among the children, next to pediculosis, she finds the most disagreeable to be affections of the skin. The most common of these are ringworm, scabies, impetigo contagiosa, poison oak and eczema.

The first three named are infectious, and vary in seriousness according to the stage of development at which we find them. Of course, pupils afflicted with any of these three are dismissed from school at once, for a double purpose—to protect other pupils from becoming infected, and that the children having the trouble may have a better opportunity to overcome it at once by thorough and frequent treatment.

In the Portland schools we seldom find anything of this kind developed beyond the earliest stages, as each child in every grammar school of the city is examined every six weeks by the medical inspector. At this time the sleeves are raised to the elbow, and the hands, the arms and the face of each one are carefully inspected.

Ringworm usually makes its first appearance on the face, though it is sometimes found on the scalp. It is well named, for it is a perfect ring of red around a spot of natural-colored tissue. The eruptions are usually small and itchy. It spreads rapidly over the face and is sometimes carried from cheek to scalp by rubbing the face and then scratching the head.

The remedy is very simple, as tincture of iodine is quite effective, if applied full strength to the spot with a little cotton or brush every third night, until three applications have been made. After the first application the child may return to school, as the disease is arrested, but treatment must be

continued until all the spores are destroyed.

Scabies, or itch, is caused by a parasite which burrows under the skin, deposits its eggs, and these in time develop and cause an irritation. The itching sensation is the first indication we have of its presence, for itch is not visible until after it has been scratched.

It usually affects the hands and arms, sometimes the chest and lower limbs, but not the face. The characteristic location is between the fingers. While it is not so quickly overcome as ringworm, the treatment is equally simple. The mother is instructed to cleanse the affected part well with yellow laundry soap, to open the pores, and then apply sulphur ointment, rubbing it well into the skin. This should be done at least twice a day. A few days of faithful treatment is all that is *usually* required, though treatment must be continued as long as any scabby condition is visible.

*Impetigo contagiosa* is an eruptive disease characterized by scaly pustules. The beginning is often just a cold sore, but after becoming infected it spreads rapidly about the mouth and nose, sometimes extending to other parts of the face and to the ears. Children found with this trouble are dismissed from school, and the mother is advised to consult her family physician at once. We have learned through experience that few mothers give the treatment thoroughly enough, in the beginning, to prove effective. One of the main points in the treatment is to remove the scabs by soaking them off with boric-acid solution, so that any lotion or ointment applied may reach the root of the trouble. A wet dressing of 50 per cent. alcohol is good, but each physician has his own favorite remedy. Under proper treat-

ment a child may return to school in about a week.

This is one of the diseases which the school nurse does not treat.

The class work in some of our suburban schools is often seriously interfered with by the poison oak, with which the children come in contact on their way to and from school.

The children are usually dismissed from school, not from fear that it may be passed from one pupil to another, but because it is usually more readily overcome if the child keeps quiet and applies some lotion frequently.

However, in one instance an exception to the rule of sending the children home was made. Last May it was noticed that many—nearly all—of the boys of one school were troubled with it, while only a few of the girls were afflicted. Upon inquiry it was found that the boys were eager for an extra vacation and made every effort to acquire a good attack of the poison oak. As soon as the principal discovered this fact he concluded that hard study at school was the very best remedy for that particular attack.

Every one has some remedy for poison oak, but as it is caused by an acid irritant, an alkaline solution of some kind is required

to overcome it. Among the best we have used are the following:

Zinc oxide powder.....	oz. i
Carbolic acid.....	drachms iv
Lime water.....	oz. xxiv

A saturated solution of Epsom salts applied frequently soon gives relief.

Eczema in various forms is found on the children. In every case it is noted, and the advisory card is sent home suggesting that the parent consult a skin specialist as to the proper treatment for each particular case. The child having a non-contagious form of eczema is not excluded from school, but in all cases of this, as well as the other troubles above mentioned, the nurse follows the child to the home and has a personal talk with the mother. We explain to her that we want the child in school and that it is only because it is far better for her child and for those around him that he is sent home.

Our work does not end here. These children must be reinspected from time to time, so that we may know that our suggestions—which in some cases are definite instructions—are being followed closely, so that the child may be returned to school as quickly as possible. One of the most insistent lessons we teach the mothers and children is that of personal cleanliness. After once having this lesson well learned there is little danger of disagreeable skin trouble.

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### A POINT IN SICKROOM ETIQUETTE

**I**N AN address to English nurses Sir Dyce Duckworth, an eminent medical authority, laid special emphasis on the duty of the nurse to leave the sickroom for a time during the doctor's visit in order to allow opportunity for private conversation with the patient. In his own experience, he stated that if the nurse failed to observe this point of sickroom

etiquette he "always showed the nurse out." Whether or not this is a rule of practice generally observed by medical men in America we do not know. We do not remember of ever hearing of a nurse who had to be "showed out." But it is a point of etiquette which nurses will be wise to remember and which teachers of nurses should emphasize.

# A Review of District Nursing for 1910

MABEL JACQUES

THE title of this article, I am sure, does not look at all formidable to any of our readers and yet, in collecting data which would enlighten me in detail as to the advancement of this great work, I have found the field to be so extensive that it is practically impossible to cover all the ground, and I shall confine myself, necessarily, to the work of a few representative associations, and must add that even all of those I shall not be able to mention because of the impossibility of receiving satisfactory reports of their past year's work.

Generally speaking, it can be unhesitatingly stated that there is now hardly a town in the country that has not its district visiting nursing committee supporting one or more nurses to care for the poor of their community. Probably the ones who realize this the most are the superintendents of the large associations, who are daily receiving requests from smaller cities and towns for nurses fitted to organize district nursing work for them.

No illustration which might emphasize the rapid increase in the work could be more apt than the following quotation from the 1910 Report of the Superintendent of the Chicago Association:

"We still have one discouraging feature in district nurse work in the great dearth of women to fill the openings coming to us from other cities, sometimes as high as four or five a week."

A remark of this kind may appear strange to those of you who are constantly hearing of more and more nurses going into the work, for such is the case, and what is still better is the fact that in many instances these are the most intellectual women of the profession.

It has also been noticeably evident during

the past year that fewer women are making application to enter the work with the motives that in the past a very great many gave as their reason for entering the field, such as "being tired of private nursing," "wishing to do some work where one could get one's night rest," and various other ideas of this sort, none of which was really prompted by the great fundamental basis of the work—the desire to help the uplifting of humanity. It is to be hoped that 1911 will show a still greater increase in the proper spirit with which nurses will enter the service.

The development of the work in the large associations has been so extensive during the past year as to be almost phenomenal.

In New York at the Henry Street Settlement we find fifty-seven nurses comprising their staff. In the beginning of the year there were but thirty-one on the districts, but after the first half of the year this number gradually increased to fifty-seven, with ten detailed to special duty. The work of this world-renowned settlement increases day by day, for the enthusiasm and progressiveness of its head worker, Miss Lilian Wald, is so prodigious that it is practically impossible to keep pace with the details of their work unless one is with them.

The Chicago Association has added seventeen nurses to its staff—two for the industrial welfare work, one for colored people and fourteen assigned to the special work of the Metropolitan Life Insurance Company—making a total of sixty-one members.

There is probably no other association that takes so vital an interest in the affairs of the city as this one, and few, if any, which have had so active a hand in the promotion of measures for civic betterment. The stormy controversy with the aldermen to

obtain school nurses for their city is a thing of the past and can only be mentioned with the 1910 work, in that the past year has seen its development in a manner scarcely to be looked for. The cooperation of the association with the baby welfare work is also of great interest, especially as it is a movement that is attracting the whole country. In four months four thousand babies were cared for by the nurses assigned to the work.

Cleveland has, also, had a notable increase in the size of its staff, making a leap from thirty-five to fifty-seven. This includes the following: the superintendent, the register and acting register, the nurses assigned to districts—six to the tuberculosis dispensary of the Western Reserve Medical College, one at the Rainbow Cottage and Cripples' School, four for the babies' dispensary, one for the maternity dispensary, one factory nurse at the Cleveland Hardware Company, one social-service nurse at the Lakeside Hospital, two at the Western Reserve Maternity Hospital, four Metropolitan Life Insurance nurses and one for the day nursery and free kindergarten. In addition there are the nurses employed by the health department for baby dispensary tuberculosis and contagious work and fifteen under the board of education. All of these nurses, however, are under the supervision of the Visiting Nurses' Association, though likewise responsible directly to the heads of institutions or departments for which they are working.

Like Chicago, the Cleveland association is vitally interested in all movements for civic betterment, it being through its efforts that the municipal nurses have been obtained and all of the nurses holding the city positions have had the opportunity of the special training in general detail work that the association offers.

The staff of the Baltimore association numbers fourteen. In January, 1910, they were relieved of their five tuberculosis nurses, owing to the work being taken over by the

health department. They have, however, still one tuberculosis nurse, who, though supported by the Maryland Tuberculosis Association, is under the supervision of the Visiting Nursing Association. This nurse has been placed on duty in Highlandtown, which, although outside of the city limits, is within reasonable distance and is used as a training school for district tuberculosis work, a most valuable adjunct to the association.

A new nurse has also been given them through the kindness of the Ralond Park Sewing Club, a society of young women interested in the sick.

The outing work, carried on during the summer by this association in cooperation with some of her sister organizations, was notably of very great need in this hot Southern city, where, as a general rule, the poor live in dismal alleys and courts.

Washington, whose association is a little behind her predecessors in the number of nurses employed, is not one whit behind in the character and progressiveness of her work. The association has now ten nurses. Seven of these do the general work of the districts and the others are detailed to special work, such as nurses for the tuberculosis dispensary, the day camp and at home work, carried on by the Tuberculosis Association. They are also paying special attention to the prevention of infant mortality, where, as in Baltimore, the need for such work is most urgent.

The great problem, however, in which this association is at present interested is the school nursing. Unable to assign nurses permanently to the work themselves, they have been making repeated efforts to obtain a congressional appropriation for such work. So far their efforts have been fruitless, yet, I am sure, that their aim will eventually be accomplished and I am quite certain that those who are fortunate enough to know the superintendent of the society will realize that no stone will be left un-



turned to accomplish the bringing about of this very necessary work.

The Buffalo association is developing so quickly that it has not only exceeded all expectations but has likewise exceeded its financial reserve, so that strenuous efforts are being made to raise money on their coming district nursing day to collect the funds necessary to enable them, not only to continue the work which they have begun, but, likewise, to extend their efforts in the quarters where there is always a very great need for them.

Like several of the other associations, Buffalo supplies the tuberculosis and baby dispensary associations with nurses in carrying on their work.

The Hartford association, the report, of which I have just read with much interest, is small, having only four nurses including the superintendent, but the interest of these nurses in public affairs has been well manifested and we find that during the past year

they have given the service of a nurse for the schools for six months, emphasizing thereby her need to such an extent that after that period the work was taken up by the school to which the nurse had been assigned.

The donation of the Gordon W. Russell Settlement House and an anonymous gift of four thousand dollars for its repairs have added greatly to the work by providing a room in which clubs and dispensaries may be held.

I wish that it might be possible to tell a little of each of the many associations that are doing such active work throughout the country, but it is out of the question, as I have previously said to begin to cover the ground. But in every city and town throughout the country, whether there be one nurse or fifty, the work is each day assuming new proportions, each day demonstrating to the community the absolute need of the district nurses.

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### SOME HEALTH PROVERBS

**I**N A few simple, one-sentence sermons the State health department gives to the citizens of Virginia some direct information on the preservation of health and happiness.

Here are some of the health proverbs which should be pasted in the hat:

The man who says he would rather have smallpox than be vaccinated never had the smallpox.

An open window is better than an open grave.

Warm rooms have killed more people than ever froze to death.

If you let the child have measles when he is young, you may save a doctor's bill later on, but you may have to pay the undertaker now.

A good iron pump costs less than a case of typhoid.

If your milkman brings you warm milk, make it hot for him.

Wire screens in the windows may keep crape from the door.

A fly in the milk often means a member of the family in the grave.

If some people were as much afraid of flies as they are of bad water, there would be less typhoid.

When you see a child looking like an angel, do not kiss it; you might make a real angel out of it.

Scarletina may not sound so dangerous as scarlet fever, but ask the undertaker.

# The Hospital Storeroom—Its Arrangement and Management

ROSE R. GROSVENOR

AS THERE are hospitals and institutions of all sizes and in different degrees of prosperity, so there must be in connection with each of them a storeroom or set of storerooms of various dimensions suitable to the especial needs of each particular institution—the large modern hospitals of today being equipped with at least three and sometimes more than that, if one counted the supply closets in connection with the nurses' diet kitchen, the wards and laundry, which are small storerooms in themselves, though not often termed as such.

An institution of this capacity is generally in a financial condition to furnish up-to-date labor-saving equipment and employ sufficient trained help to manage all these household departments, both separately and jointly, in an economical and systematic manner, without overtaxing the time and strength of the superintendent.

But what of the medium-sized and small hospital that is cramped both for funds and room? Here executive ability, economical and systematic management in the household affairs are absolutely necessary in order that the institution may thrive, or at least exist and keep out of debt. In such instances the funds do not permit of employing a full corps of assistants or furnish but a meager equipment. This necessarily causes double responsibility to fall on the already over-worked superintendent, who often has added to her many duties those of steward and matron or general housekeeper. Frequently because of her position she is unexpectedly called upon to plan the details for a new storeroom, or the enlargement and rearrangement of an old one. No doubt in the rush of dispensary and ward work she has

not been gathering ideas on such matters, so it is with a view of aiding the younger nurses, as well as some of the older ones who have not had the advantage of practical experience along these lines, that this paper is written, dealing particularly with the management of the general and kitchen storeroom belonging to this class of institutions.

All storerooms to be sanitary and practical ought to be large, airy, cool and dry, and have at least two screened windows for the purpose of light and thorough ventilation; and if there are two storerooms, the one for general supplies being located in the basement, as is often the case, it will be found practical to have the kitchen storeroom directly above, with elevator or stairway leading from one to the other or in close proximity to both, thus saving much annoyance in the transferring of supplies.

Strongly built shelves, all of the same width, should be ranged around the walls at different distances apart so that proper space may be allowed for supplies kept in both large and small receptacles. The lowest shelf should be similar to a low platform, about six inches from the floor and higher if there is much danger of dampness. On this shelf may be kept stores in barrels, large boxes, cans or sacks, too tall or bulky for the other shelves, and the distance between this and the next shelf above should be allowed accordingly. It is also advisable to allot a portion of the shelving to the different departments, keeping the stores for each separately.

Many storerooms are fitted with stationary wooden bins for storing flour, sugar, etc., but according to the writer's experience they are not as sanitary or handy as the remov-

able tin-lined drawers or other receptacles that may be removed more easily, cleaned, sunned and aired. Neat stoneware jars and tin canisters, already labeled, both large and small sizes, can be purchased for holding all sorts of supplies; but if the hospital finances will not permit of this expenditure, do not despair, as there are always some useful receptacles standing empty about the cellar or kitchen that may be cleaned and brought on duty again. Some of these are the ten, twenty-five and fifty-pound lard cans, cottolene pails, discarded wooden candy buckets with covers, butter firkins and large tin cookie boxes. If none of these are available they can often be procured from the grocer, who is usually glad to dispose of them for a small sum. One-half gallon and gallon glass fruit jars, having the screw tops, also answer admirably for small stores and for the nurses' diet kitchen or cook's pantry; they are preferable to anything else, as they are airtight, easy to clean and their contents can be seen at a glance without the trouble of labeling, while the amount left in the jar is equally discernible, making it easy to note supplies that need replenishing.

Never allow supplies to be put away at haphazard, unlabeled, and without system in arrangement. Neither allow them to be taken out at any time or in any quantity regardless of weight, measure or number. If these precautions are neglected day after day, disorder and extravagance is bound to be the consequence. Supplies purchased in small quantities are often left in the paper parcels and sacks in which they came from the grocer's. This method is most unsanitary and ought not to be tolerated. Always see that they are immediately consigned to covered receptacles, plainly labeled and placed in their respective divisions, with labels at the front, thus insuring a clean, tidy and well-arranged storeroom.

The above suggestion for caring for small stores does not include foods and groceries sealed in cartons. These usually being air-

tight may be arranged on shelves as purchased, providing they are kept free from dampness and the contents entirely used when first opened.

In order to facilitate the work in caring for and distributing supplies the following working equipment and utensils must be provided: first—if there is room to spare—a desk containing drawers and pigeonholes in which to keep account books, order sheets and other small accessories; two scales, one large size for the weighing of bulky stores, and a medium-size kitchen scale; one steelyard (hand balance), several tin or granite measuring cups of different sizes, also several granite scoops and funnels; one peck and one-half-bushel measure.

Other than these, it is well to have at hand a pen, several pencils, a bottle each of ink, paste and mucilage, a pad of blank paper, box of gummed labels, pair of scissors, ball of twine.

Supplies for the various departments should be dispensed regularly either at a certain hour daily or certain day and hour semi-weekly or weekly, as the requirements of the institution demand. Then in order to keep a systematic account and check extravagant consumption, it is always well to keep in the storeroom a large memorandum book or a set of books for the purpose of entering dates on which stores were received or given out, the amounts distributed, departments to which they were consigned and the name of consignee. By means of this memoranda the superintendent can compare one week's receipts and consignments with another and immediately discover any undue extravagance or carelessness on the part of employees who received the stores, for in no other department is there as much danger of waste or as much necessity for careful accounting as in the storeroom and its cooperative departments. And here as in all the other divisions of hospital work *eternal vigilance* will be the price of successful management.

# A Nurses' Residence or Sisters' House in Holland

EDWARD F. STEVENS

Hospital Architect, Boston

WE, in our vast America, are quite apt to think of Holland as a little country, and so it is in acreage as compared with our own great area; but the Hollander has had to fight for the few acres he has and the country shows wonderful development, especially so in its hospitals. It follows that where there are hospitals there must be nurses, and where there are nurses there must be houses for them to live in. I just want to briefly describe one which it was my good fortune to see at Utrecht, an old town about fifteen miles from Amsterdam. While the town had some old and quaint buildings, the hospital buildings were quite up to date.

The nurses' residence of the general hospital was situated on a most charming part of the grounds, facing the street, and still in close contact with the hospital.

The division of rooms and the giving of the better rooms to those higher in rank was carried out much as in our country. Each nurse has a separate room. The rooms, however, are somewhat smaller than we are apt to make them, being about 10 feet square, although there seemed to be ample room for everything. The rooms were well finished, with plenty of light.

One thing which we had never seen in America was a little device to indicate whether a night nurse was sleeping or not. This was a plate placed on the door to receive the card or name of the nurse, from the bottom of which there was an appendage which, by turning down, exhibited the word "slaapt" or "asleep," which did away

with the necessity of tacking or hanging a card with that information.

Another unique thing about the doors was a tiny window, only one and one-half inches in diameter, near the top, which would indicate to the supervisor whether the light was burning or not.

Each room had a wash bowl with cold water and was heated by steam.

The dining-room arrangements were very well worked out, with a large, sunny room and a scullery where food was kept hot on long steam plates, and everything done to make the nurses' home a real home.

There were large lecture and reading rooms on the second story, with high ceilings and fireplaces.

This hospital contained 270 patients and had a corps of ninety nurses. The course is three years, with an extra year for obstetrics.

The graduate nurses are called sisters, and wear a dark blue uniform to distinguish them from the undergraduates.

Not only the nurses but the laundry maids and the kitchen maids wear dainty uniforms and caps while at their work. The combination of a dainty lace cap with strings and wooden shoes in the scullery maid was a unique sight, but, after all, the wooden shoe for kitchen or scullery work is a very practical solution of the problem of how to keep one's feet dry while working.

The nurses in the operating room do not use wooden shoes, but have large white rubber overshoes which they step into when they go into the operating rooms and step out of when they come out.

# The Nursing Management of Shock

MINA LOUISE HARTWELL

THERE are few emergencies on which more depends on the quick action of the nurse than in the case of shock. If she waits for a physician to be summoned the patient may be beyond the reach of human help before he arrives. The symptoms are complex and often other conditions closely resemble shock. Hence the need of every trained nurse being well versed in the symptoms of shock, as well as what to do when confronted with the condition. Different forms of toxemia and the continuous oozing of blood internally produce symptoms quite similar to shock and may easily be mistaken for it.

Shock is a profound depression of the nervous and muscular system. There is a general relaxation, a giving way of the nerve and muscle tone. It has its cause in severe bodily injury or unexpected strong mental impressions, especially those of an unpleasant nature.

Traumatic or surgical shock is the most common. In traumatic shock there is not infrequently combined a concussion of the brain which aggravates the symptoms. Quite often there is loss of blood to a greater or less degree.

In shock the vital organs are all depressed and weak in action. The respiration is superficial and irregular. If there is severe hemorrhage the respiration becomes rapid and the patient gasps for air.

The pulse is weak and easily compressed and, as a rule, rapid. A pulse rate of 120 to 150 is common. The patient may complain that everything is black before his eyes. His hearing becomes indistinct, and then finally the collapse comes. The pallor of the face deepens and the patient is often covered with a cold, clammy sweat.

In shock the first things to be done are to support and counteract a depressed, ex-

hausted nervous system, a weakened heart action and a too small blood supply for the relaxed channels. If there has been severe loss of blood, the thirst is intense and water may be given freely unless there is danger of the patient vomiting, and if he is able to swallow it.

Warmth by artificial means is always necessary. Friction often helps. The raising of the foot of the bed increases the blood supply to the brain and lessens the tendency to fainting.

Stimulation by the means most readily obtained is one of the first things to be done to combat it. A cup of strong tea or coffee given either by the mouth or rectum, alcohol in its various forms given in the same way or hypodermically, strychnine, if it is at hand, are the common measures. The poor condition of the circulation makes absorption slower than usual and relatively larger doses are given.

I have seen described somewhere an emergency measure known as auto-transfusion, which is used sometimes when water cannot be given, and where it is necessary to bring the volume of blood more nearly to the capacity of the relaxed and widened blood vessels. Auto-transfusion consists in wrapping one or more limbs up tightly with bandages, beginning at the distal end and bandaging toward the body. This helps to drive the blood out of the limb into the body, where it increases the quantity of blood carried back to the heart and improves the general circulation very markedly. If it is necessary to continue this measure long, the bandaging of the arm and leg on each side should alternate, so as not to endanger the limb by too long interference with the circulation. This is a measure which I believe is used only in extreme cases. I have never seen it tried.

In post-operative shock, a coffee and brandy enema, using about six ounces of black coffee to two ounces of brandy, is often ordered, or an alternate measure is an enema consisting of one-half pint of normal salt solution with two ounces of brandy.

If the condition is very grave and the loss of blood has been serious, oxygen is given, and either an intravenous injection of salt solution or an injection into the subcutaneous tissue.

Two things that are important for the nurse to keep in mind constantly are that if the shock is due to hemorrhage or associated with it, stimulation should be used with the greatest caution—some doctors say

stimulants should not be given at all lest the bleeding be started again and the condition made worse.

If the shock is due to serious injury to the chest or abdomen, stimulants should not be given at all by mouth.

Shock following an operation can be very largely prevented or lessened by judicious preparations, having the operating room warm, the patient carefully covered during operation and the patient's mind at rest. The long, tedious process of preparation which often immediately precedes an operation was believed by many to contribute to shock. This practice, fortunately, has been abandoned by the best surgeons.

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## The Obstetric Bandage

CHRISTINA GRACE RANKIN

**A**FTER the first adjustment of the obstetric abdominal bandage its general management, as a rule, is left to the nurse. Indeed, not infrequently the physician entrusts its adjustment entirely to her. Especially is this so when the nurse is known to have had careful maternity training and experience in the proper management of maternity patients. Since this is so, it would seem that the proper adjustment and management of the abdominal obstetric bandage should be better understood than it is by nurses in general.

The usefulness or uselessness of the obstetric binder is a point on which doctors disagree, some even going so far as to prohibit its use, because in their opinion it does harm and no good. Others permit it as a sort of concession to the patient's notions on the subject, not because they think it fulfills any useful purpose. Still others are firm believers in the value of obstetrical abdominal binders, especially for the first

week following delivery. A good many physicians advise the patient to wear an abdominal bandage in the last three months of pregnancy, and a few use it as an aid during labor in certain selected cases.

Probably the majority of physicians believe in the properly applied bandage following delivery if for no other reason than for the support it gives to the abdominal muscles, and the general feeling of comfort that a well-adjusted bandage brings to the patient. Also where there is any tendency to hemorrhage most doctors advise the application of a bandage with a thick pad to make pressure over the uterus.

It is probably the nurse's fault that the obstetric binder has fallen into disrepute and disuse with many doctors. Some doctors have complained that the excessive continued pressure of an abdominal binder with a pad over the uterus after delivery has resulted in backward displacement of the uterus. Whether or not this condition oc-

curs frequently from maladjustment of the binder remains to be proven. My own observations are that nurses are much less likely to err on the side of having a bandage too tight than too loose.

The obstetric binder, if it is to act as a support, must fit snugly, must be kept in place, must not be allowed to "ride up" over the trochanters. It is not uncommon to find maternity patients under the care of some nurses with the bandage gathered loosely around the upper part of the abdomen and the waist, full of wrinkles and loose enough to allow a closed fist to be pushed underneath it. It is needless to say that a bandage applied in that fashion does no good. Whether it does real harm remains to be seen, but it is not adding to the patient's comfort, is not fulfilling any good purpose when managed in that manner. If the nurse is not willing to adjust the bandage and keep it in proper position it might better be dispensed with.

When the bandage is adjusted after delivery, with a pad underneath for the purpose of aiding in contraction of the uterus, it rarely needs to be continued more than forty-eight hours, unless there is a very relaxed abdominal wall. If such patients suffer severely from "after-pains" its usefulness may be questioned. In any case the experiment of loosening the bandage in cases of severe after-pains is often advised by experienced obstetricians.

My own experience goes to show that the majority of patients believe in and prefer a bandage of some kind especially during the first week after delivery. Their reasons for it are not always well founded. Many are strong in their belief that it "improves their figure" and helps to keep them slender.

Such patients are apt to complain bitterly of the neglect of the nurse if she fails to keep their bandage properly and snugly adjusted.

Most of my patients claim that they are more comfortable with a bandage on and appreciate the care I give to its frequent adjustment.

When the patient first gets out of bed after childbirth she is apt to feel the weakness of the stretched abdominal wall, and for a few days will appreciate the support that comes from a snug, well-fitting binder. Also the patient who is much troubled with intestinal gas during the first week following delivery will as a rule be more comfortable with than without a bandage. Always providing that the nurse does her part and keeps it properly adjusted.

As to the shape of the bandage for patients in homes, the straight piece of muslin doubled is, on the whole, more satisfactory than the many-tailed or the fitted bandage. The important point in advising regarding the making of such bandages is that the finished bandage should be long enough. Such a bandage should reach from about the tenth rib to below the trochanters. If it is made slightly curved in the back it is a decided advantage in the prevention of soiling. It is the bandage that is too short to be adjusted properly that is most apt to "ride up."

In pinning, begin at the umbilicus and pin downward first, then upward, pinning in the side gores snugly to fit the figure. A carelessly adjusted bandage on an obstetrical patient is proof positive of one of two things—either the nurse is ignorant as to the care a bandage needs and to its proper adjustment or she is careless and slovenly about her work.

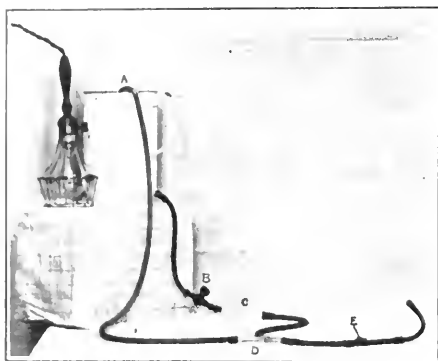
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# An Inexpensive, Satisfactory Proctoclysis Apparatus

MENIA S. TYE, R.N.

Superintendent of Washington University School for Nurses, St. Louis, Mo.

THE continuous saline injection into the rectum has become such an important feature of treatment that methods



of satisfactory administration are of general interest to all who have to deal with serious medical and surgical conditions, especially those in which septicemia or toxemia are marked.

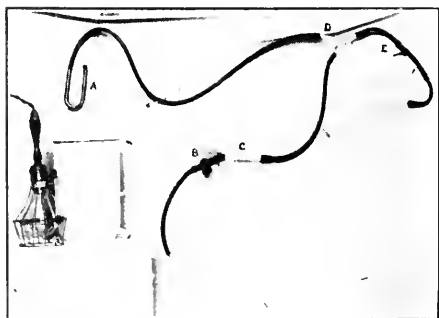
The apparatus here shown consists of (a) glass U; (b) hard rubber stop cock with which to regulate the number of drops per minute; (c) glass dropping tube; (d) glass Y; (e) clamp.

The illustrations are self-explanatory. This proctoclysis apparatus was arranged with a view to attaching it to the regulation douche can as found in every hospital. It consists of two long arms attached by a glass Y to a short stem.

The upper end of the longer arm, passing through a glass U and hanging over the top of the can, is for expulsion of flatus and overflow.

The upper end of the shorter arm is attached to the douche can by its outlet. In this arm is a hard-rubber stop cock to regulate the number of drops per minute, which can be seen by the glass dropping tube just below the stop cock.

The clamp on the stem is used to control the flow, and not interfere with the drop regulator. The saline solution is kept warm by an electric drop light, protected by a wire guard, which also enables the light to set flatly on the bottom of the can, which is placed at a suitable level at the bedside.



This apparatus has been in use in the Washington University Hospital during the past year and has given entire satisfaction.



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# Editorially Speaking

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## Anna E. McEvoy

**S**UDDENLY, at Calistoga, Cal., July 12, 1911, Anna E. McEvoy, graduate of St. Barnabas Training School, Minneapolis, Minn., died.

Miss McEvoy entered the army nursing service in the summer of 1898, during the Spanish War, and in the fall of the same year was transferred to Manila, where, after spending several months at the First Reserve Hospital, she was made chief nurse of the Military Hospital on Corregidor Island, a position which she filled most creditably for some time.

She left the Army to enter the contagious branch of the Filipino civil nursing service, with duty at San Lazaro, of which hospital she eventually became the superintendent. This important position she filled during several epidemics of cholera, and the great responsibility, together with hard work and long years of tropical service, greatly undermined her constitution and were undoubtedly important, although indirect, factors in her sudden death.

Miss McEvoy was a woman of great nobility of character, and a keen sense of justice coupled with unfailing kindness of heart endeared her in an unusual degree to the women who served with her in Manila and elsewhere. Her memory will long be held in affectionate esteem by the members and ex-members of the army nurse corps and the civil hospital service of the Philippines. Miss McEvoy was a member of the Spanish War Nurses' Association.

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## The Layman and Preventive Hygiene

We hear much and read much that is written of the nurse's part in philanthropic movements, and every lover of nurses must rejoice that nurses are shouldering their responsibility in movements for the prevention and amelioration of human ills. Those who look out on the hospital and nursing field with prejudiced eyes, however, are very apt to forget that practically all of the advanced movements of this age in which nurses are engaged were initiated by laymen (or women) and that nurses have entered doors of opportunity which the laity has opened for them. It was William Rathbone, an English layman, who conceived the idea of a system of district nursing among the poor and established the first nurse in such work. For many years he was a leader in the extension of the movement.

Dr. William H. Allen, of the Bureau of Municipal Research, New York, and author of that splendid book, "Civics and Health," in it calls attention to the fact that "most of the sanitary movements that have revolutionized hygienic conditions in America owe their inception and their success, not to physicians or nurses, but to laymen—for example, tenement-house reform, anti-child labor, anti-tuberculosis crusades, welfare work in factories, campaigns for safety appliances, movements for a national board of health, prison, almshouse and insane asylum reform, schools for mothers and milk committees. The first hospital for infectious diseases, the first board of health, the first out-of-door sea-air treatment of bone tuberculosis in the United States were the result of lay initiative."

Incidentally we might be pardoned for remarking that the first nursing magazine

in America owes its establishment also to the efforts of the laity. When there was no nurse willing to risk a dollar in establishing a journal that should be a means of communication between nurses, a means of disseminating a knowledge of nursing methods and progress, when trained nurses were looked upon with suspicion and the business man smiled in derision at the suggestion of advertising his products to trained nurses, THE TRAINED NURSE AND HOSPITAL REVIEW undertook to champion the cause of nurses and nursing. The new comers in the field of nursing journalism built on the foundation laid by this magazine, and what the profession has attained is largely due to the splendid pioneer work of THE TRAINED NURSE AND HOSPITAL REVIEW.

There is no doubt that nurses perform much unselfish work for which they cannot be repaid, but it is well, once in awhile, for us to look on the other side and reflect on the work which the laity has done and is doing in paving the way for nurses to advance.

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### The Tryanny of Standards

Those who have been such sticklers for a high-school standard of education in nurses that they have allowed it to outweigh all other considerations in candidates should be interested in the following:

"A teacher furnishes the *Chicago Tribune* the following instances of word definitions culled from papers turned in by second and third-year high-school students:

Transient—A fainting spell; easily seen through; by the day; staring like.

Phenomena—Face.

Surplice—That which remains after something has been taken.

Superfluous—Something grand.

Isolation—Protection; insulation.

Indispensible—To be poor; cannot be seen; not stopping.

Presentiment—To introduce; giving something to another person.

Ingenious—Opposite to genius; not able to do things easily.

Discernible—A person who tends to his own business; that which can be taken apart.

Felon—Some kind of a bird.

Primitive—Prim or stiff; beginning in primary.

Ruminating—Intolerable; disgusting; moving to and fro; to ruin or destroy.

Prostration—To torment.

They will probably assert that this is an argument for a still higher standard of education in nurse candidates and we would not be surprised to find the radical faction insisting on high-school graduation or a college education as an entrance standard to hospital schools before many years.

In spite of all the arguments pro and con in regard to standards of preliminary education, in spite of the feverish anxiety that has been manifested in some quarters about elevating the standards by law, we come back to the old conviction that has never been shaken in the minds of thousands of practical, well-balanced hospital people that the personal qualifications, the character of the individual are of more importance in the makeup of the nurse than the number of years she has attended school. We know that all through the country there are capable, intelligent girls who, while not having been privileged to attend high school, have yet had opportunity at home or at work for the development of a fair degree of intelligence, and have by habits of industry and the carrying of responsibility laid foundations for a nursing education quite as firm as can be laid in any high school in the land. They have quickness of perception, good health, good judgment and a good conscience, and we shall continue to protest, as we always have, against this type of girl being barred out of hospital schools by the attempt to force an impossible standard.

The hospital authorities have always accepted the candidate who had had superior educational advantages, granted *that other qualifications were equal*. They can be expected to do this in the future, and attempts to handicap them in this matter are fairly certain to end in failure. "We have

no intention of handicapping the work in our hospital by a blind adherence to a law that makes impossible demands," was the remark made by a prominent nurse superintendent in New York State not long ago. And there are others.

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### The Visiting Nurse

Undoubtedly the paper that called forth the most universal approval at the recent convention of nurses in Boston was that by Professor C. E. A. Winslow, of New York, entitled "The Role of the Visiting Nurse in the Campaign for Public Health," and we quote the following from the paper as showing the very high value put on this important branch of nursing by Professor Winslow: "We need expert sanitary engineers to build and operate our public works; we need sanitary physicians to deal with the broader communal aspects of the spread of communicable disease; we need sanitary bacteriologists and chemists and statisticians to furnish the special expert knowledge by which all these activities must be guided. More than all, however, we need large bodies of sanitary educators who can bring our knowledge to bear on the individual citizen who alone can make so much of it effective. Some of these missionaries of sanitation will be physicians, but most of them will be of your profession. And that is why, in my judgment, the visiting nurse is the most important figure in the modern movement for the protection of the public health."

It is always intensely gratifying for us to hear or read words of appreciation of the visiting nurse, and we feel that we would be almost more than human if we refrained from saying, "we told you so." We go back over the years and remember how our efforts to champion the cause of visiting nursing were discouraged by some leading nurses. In fact, almost the only one who really encouraged us was our present associate editor, Miss C. A. Aikens, who was not then associated with our magazine, but who con-

tributed some valuable papers on the subject. One well-known nurse, whose name is loved and honored and one who had a sincere interest in *THE TRAINED NURSE AND HOSPITAL REVIEW*, almost pleaded with us not to have so much to say about visiting nursing, as, though it was undoubtedly a good work, it was such that the best class of nurses would never take up and therefore the magazine would lose caste by supporting it. Think of this view in contrast with the recently expressed opinion of Professor Winslow, that "the visiting nurse is the most important figure in the modern movement for the protection of the public health."

We would not be understood as reflecting in any way on the nurse in question, and for that reason we withhold her name, but we mention these facts to show how far in advance of the times was *THE TRAINED NURSE AND HOSPITAL REVIEW*, and to again emphasize the fact that much that has been accomplished in all branches of nursing is to a large extent due to the pioneer work of this magazine.

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### Nurses and Street Parades

The following extract from a letter received some weeks ago brings to notice a question that confronts a considerable number of nurses at some time:

"Will you kindly give me your opinion as to the wisdom of nurses taking part in a street parade of woman suffragists? I know several nurses who expect to be in the parade in ——— on ———, and while I believe in the principle of equal suffrage, I have been in doubt as to the advisability of nurses joining in such demonstrations."

There is more to the letter, telling of several who expect to be in the parade and touching on various other questions. Attention has again been called to this subject by seeing in an English magazine a photograph of English nurses in their uniforms, with white caps, aprons and cuffs, carrying banners in a suffrage procession,

the march we are told being three miles in length.

One can easily sympathize with woman-suffrage principles and at the same time recoil at the sight of the nurse in sickroom garb marching in such a parade. Nurses have the same personal liberty as other women to march in processions if they feel so inclined, but the ethical question of parading the nurses' uniform in public places is one that should be settled once and for all.

It has long been decided in America that the nurse who wears her uniform in public places, thereby attracting undue attention to herself, cheapens herself as well as the uniform in the minds of refined people who have a sense of the fitness of things. The uniform should not be worn on the street or in public places under any circumstances. The "tag-day" efforts which are now so common, and the enthusiasm thereby developed while working for the success of some philanthropic organization, has led to nurses standing all day on street corners holding boxes or pinning tags on to the passers by. However well-meant such efforts are, the wearing of the sickroom garb on the public thoroughfares shows a decided lack of judgment. Even when nurses are connected with an organization that has an outdoor uniform the wisdom of "parading" it to help this, that and the other cause along is decidedly open to question.

English customs sanction many things which are tabooed in America, and the reverse is probably true. Where sensational woman-suffrage demonstrations are the rule, the presence of nurses in caps and aprons in a street parade would doubtless elicit less adverse criticism than would be the case in this country. The wisdom of women parading in street demonstrations of any kind is open to question. Religious bodies as a rule do not encourage women in parades. Where women are actively par-

ticipating in the organization which arranges for street demonstrations, the best judgment of all concerned has been against women marching.

There will always be nurses who will want to do the sensational thing—the thing that will bring them into prominence in some way. This type we shall always have. But those who have to do with the instruction of nurses should see to it that before they leave the training school they are taught where the uniform is to be worn and where they have no right to use it. There is a decided difference between the *personal* liberty to parade in public and the *professional* liberty to do the same thing as the representative of a profession. Let us teach proper respect for the uniform and let older nurses emphasize such teaching by the power of example.



#### Lectures on Psychology for Nurses

The need of more attention being given to the teaching of pupil nurses along the lines of psychology and psychiatry is generally admitted, yet the difficulty of securing thoroughly useful practical instruction along this line prevents the majority of schools from giving their nurses the benefit of such a course. It is the very exceptional doctor who is fitted to give such a course, and many of those who by training and years of practical experience with mental ailments should be successful teachers fail to perceive the fine distinctions that need to be made between the psychological instruction useful for nurses and that needed for medical students or practitioners.

The titles of a course of lectures given by Dr. Mary Lawson Neff to the nurses of the Woman's Hospital, Philadelphia, may be suggestive to those considering such courses.

1. The Nervous Mechanism. 2. Fatigue.
3. How to Play. 4. How to Work. 5. How to Rest.
6. Habit and Personality. 7. Suggestion. 8. Mental Hygiene.

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# The Hospital Review

CONDUCTED BY CHARLOTTE A. AIKENS

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## The Hospital Convention in New York

You cannot afford to miss the New York convention of the American Hospital Association, to be held in the Murray Hill Hotel convention hall from September 19 to September 22.

It is confidently expected that this will be the greatest meeting in point of attendance and practical interest and value that the association has ever had. New York is the largest medical and hospital center of the country, and apart from all that the convention offers there is much to interest hospital workers of all classes.

The program has never been excelled in features of practical value and general interest. There will be, for the first time, a special session for hospital trustees, presided over by a trustee of one of the local hospitals.

The round-table conference for small hospitals will provide opportunity for the discussion of a variety of practical problems and topics. This conference, beside giving the small hospitals the chance for free discussion which they have long wished for, also affords opportunity for the bringing to the front of questions which are more especially of interest to the women in hospital work.

The non-commercial exhibit of hospital appliances which hospital workers have evolved to meet their own needs promises to be a feature of more than ordinary interest and value. Enough contributions have been promised to ensure the unqualified success of this department.

Besides the program given below there will be a paper dealing with the raising of money for hospitals, and one or two other contributions of value have been promised.

After the address of welcome and the president's address, the following papers and reports will be presented:

1. "The Sanitarium Hospital." Dr. J. H. Kellogg, Battle Creek Sanitarium, Battle Creek, Mich.

2. "Concerning European Hospitals." Dr. J. N. E. Brown, secretary, Toronto, Ont.

3. "The Future of the Trained Nurse." Miss Nancy P. Ellicott, Rockefeller Institute Hospital, New York City.

4. "Hospital Treatment of Communicable Diseases." Dr. D. L. Richardson, Providence City Hospital, Providence, R. I.

5. "Some Problems in the Dietary Department of Hospitals." Miss E. Grace McCullough, dietitian, Massachusetts General Hospital, Boston, Mass.

6. "The Development of Typhoid Fever Among Hospital Workers." Mr. J. M. Cosgrave, manager, Winnipeg General Hospital, Winnipeg, Man.

7. "Hospital Annual Reports. What for? Who for?" Mr. J. H. S. Parke, secretary, Montreal General Hospital, Montreal, Que.

8. "The Foundation of Hospital Efficiency." Mr. Frank J. Firth, Germantown, Philadelphia, Pa.

9. "Hospital Facilities in New York City." Mr. Robert W. Hebbard, secretary, State Board of Charities, Albany, N. Y.

10. "Present Day Methods of Giving Anesthetics in Hospitals." Dr. Willis G. Neally, assistant superintendent, New York Hospital, New York City.

11. "Hospital Organization in Relation to Education and Research." Mr. Abraham Flexner, of the Carnegie Foundation, New York City.

12. Report of Committee on Hospital Construction. Mr. Edward F. Stevens, 9 Park St., Boston, Mass.

13. Report of Committee on Hospital Efficiency, Hospital Finances and Economics of Administration. Rev. A. S. Kavanagh, Methodist Episcopal Hospital, Brooklyn, N. Y.

14. Question Box. Chairman, Capt. R. H. Townley, superintendent, Lincoln Hospital, New York City.

15. Round Table Conference for Superintendents of Small Hospitals. Chairman, Miss Mary L. Keith, Rochester City Hospital, Rochester, N. Y. Associate chairman, Miss Nancy E. Cadmus, Manhattan Maternity and Dispensary, New York City.

16. Non-Commercial Exhibit of Hospital Appliances, Invented, Approved or Arranged by Hospital Workers. Miss Charlotte A. Aikens, general chairman, 722 Sheridan Ave., Detroit,

Mich.; Miss Elin K. Kraemer, Frederick Ferris, Thompson Hospital, Canandaigua, N. Y.; R. J. Wilson, M.D., local chairman, New York City Sub-Committee, Willard Parker Hospital, New York City; Mr. Chas. B. Grimshaw, Roosevelt Hospital, New York City; Miss Nancy P. Elliott, Rockefeller Institute Hospital, New York City.

17. Hospital Social Service, by Miss Mary Wadely, headworker, Social Service Bureau, Bellevue Hospital, New York City.



### Midwifery Training in Bellevue Hospital

At a meeting of the obstetrics and gynecology section of the New York Academy of Medicine the question of the present status of the midwife was discussed. Dr. Thomas Darlington stated that the United States (so far as he had been able to ascertain) was the only civilized country in the world in which the health, as well as the future well-being, of mothers and infants, was not safeguarded as far as possible through the training and control of midwives; that a conservative estimate placed the percentage of births in the United States attended by midwives at 50 per cent., that excepting in a very few localities the profession of midwifery was entirely unsupervised and unrestricted, no matter how deficient the midwife might be in education, training and experience; that midwives were reporting about 43 per cent. of the births annually in New York; that a large percentage of midwives investigated agreed to perform criminal abortion and that there was no provision for adequate training of midwives.

Dr. John Winters Brannan announced that Bellevue Hospital was about to undertake the training of midwives; that the old emergency hospital was about to be vacated and could be used for lying-in women. The upper floor would accommodate some ten or fifteen patients and the lower floor could be fitted for lectures and demonstrations. The midwives could be lodged on the hospital grounds in one of the old dormitories. An out-patient service was contemplated.

With regard to the length of the course, opinions differed. Dr. Brannan felt that a short course was preferable to a long one; that when the new school was established the course of instruction should be not less than three nor more than six months in length. The matter of language presented one of the difficult phases of the problem. The midwife was employed chiefly by the negro and alien population as well as by the native-born of foreign parentage, but he thought

they should not find it difficult to find doctors and nurses who spoke the German and Italian languages to teach at first. After a time, when some midwives had been sufficiently trained, they in turn might be used as teachers. He thought full directions printed in several languages would help considerably in promoting better midwifery practice.

Dr. J. Clifton Edgar stated that the time was ripe for concerted action toward the solution of the midwife problem in the country at large; that one of two things must be done with the midwife, she must be eliminated or else educated and placed under State control. In regard to the educational opportunities he believed that the solution of the problem lay in carrying the teaching into the patient's home. This plan had the following advantages:

(1) It was inexpensive. (2) It was the best form of instruction because it more nearly conformed with the subsequent duties of the pupil as a graduate midwife. (3) It did not disorganize existing hospital ward service.

The Bellevue Hospital School for the Training of Midwives was opened in July. The teaching will be under the direction of a resident and an assistant resident obstetrician, who will receive, respectively, salaries of \$1,200 and \$900 per annum, with maintenance.



### Elm City Private Hospital

Those who are especially interested in observing the progress and methods of private hospitals and sanitariums will be interested in the Elm City Private Hospital, of New Haven, Conn., of which Dr. Clarence E. Skinner is medical director.

This hospital, which was established in 1906, was designed to supply the need of a thoroughly equipped institution where patients suffering from arthritis deformans, rheumatism, gout, neuritis, nephritis and other diseases resistant to ordinary methods of treatment, might have the benefits of the best accommodation and service obtainable and the most modern methods of therapeutics. Also it aimed to meet the demand for a place where patients requiring medical and surgical treatment could have first-class hospital care, could have their friends with them, could have such luxuries as they might desire, and could be entirely under the care of their own physician or surgeon.

The building is four stories in height and the accommodation is of three grades, ranging in price from fifteen to sixty dollars a week. There are small wards containing four beds each, pri-

vate room, with and without baths, and also a number of de luxe private rooms arranged en suite with long-distance telephone connection, etc.

Besides the surgical equipment, the institution provides for the administration of X-ray treatments, electric light and electricity, dry hot air, artificial hyperemia, hydrotherapy, apparatus for the correction of orthopedic deformities and mechanical vibratory stimulation.

A well-equipped clinical laboratory is also conducted, which physicians anywhere in the State may avail themselves of. The management emphasizes the fact that no attempt is made to force any "fad" into the foreground, but to give its patients the benefit of well-established means of relief in a manner not attainable in the average general hospital.



### Social Service in Municipal Hospitals

By an order recently issued by Michael J. Drummond, commissioner of public charities, New York, a social service department is to be established in the City, Metropolitan, New York City, Children's, Kings County and Cumberland Street Hospitals in New York city. Bellevue and Allied Hospitals have had an efficient social service department for some time. It is expected that the salaries of the nurses in these new departments will be paid from public funds, the other expenses being met by voluntary contributions.

The Survey gives the following figures, showing the amount of money that is now being expended in social service in various hospitals:

In 1910 Bellevue Hospital, New York, spent \$13,804.44; Massachusetts General Hospital, Boston, \$11,312.46; Presbyterian Hospital, New York, \$9,464.06; Mt. Sinai Hospital, New York, \$3,244.57; New York Hospital, \$2,850; Boston Dispensary, \$2,160.95.



### The Unsafe Hospital Window

The facts brought out at the inquest into the death of a patient at St. Michael's Hospital, Toronto, who jumped from a hospital window while in the delirium of typhoid fever, emphasized two things—that many hospitals are understaffed at night, and that some provision should be made in some part of every hospital for the care of patients who are delirious that would render such accidents a thing of the past. It is easier to make a hospital window secure than to provide a special nurse for every delirious patient.

The nurse in charge at the time the accident

occurred testified that besides the ward occupied by the patient and others, she had charge at night of two private wards, four semi-private wards and two public wards—certainly too much for any nurse to do justice to where even a few of the patients were seriously ill.



### Ohio State Sanatorium

Attention has been called to an item in the July number relative to the Ohio State Sanatorium for incipient tuberculosis patients. The explanation is made that whether there be few patients or many the care of the plant requires a definite working force. In the early stages, the capacity of the sanatorium was 48 patients. Since that time eight shacks have been completed, bringing the capacity to 194. Since December, 1909, about 200 patients have been admitted for treatment, and the results have been as satisfactory as those achieved anywhere.

The sanatorium site contains nearly 400 acres, ideally located, with excellent drainage, water supply and surroundings. Each patient is admitted four weeks on probation, after which if suitable for sanatorium treatment they are regularly admitted. The cost to the patient is five dollars per week, which covers fully all expenses for medical treatment, medicine, nursing, board, lodging and laundry. Dr. C. B. Conwell is superintendent.



### Rest-A-While

Rest-A-While is the attractive name given to the convalescent sanitarium at Kingsville, Ontario, of which Miss Angeline King, a graduate of Long Island College Hospital, Brooklyn, N. Y., is in charge. Kingsville is twenty-eight miles from Detroit, and a steamer makes tri-weekly trips from Cleveland. Rest-A-While is designed especially for the tired, nervous or run-down patient. Those suffering from acute diseases are not admitted. The sanitarium has facilities for baths, exercise, massage and out-door treatment if desired.



### Notes and News

The new New York Polyclinic Hospital is expected to be ready for occupancy about October 1. Dr. John A. Wyeth has been instrumental in personally raising \$385,000 of the million dollars needed to complete the building. Mrs. Helen Hartley Jenkins has contributed \$125,000 to the fund and Mr. William P. Clyde \$250,000.

The building is eleven stories high, making it

the tallest hospital in the city. Additional plans call for an addition of four stories some time in the future. In the new hospital there will be complete segregation of all fever and tuberculosis patients from the hospital proper, the quarters for these being connected with the main institution by bridges. The old building on Thirty-fourth street is to be sold.

Dr. Chas. P. Emerson has resigned his position as superintendent of the Clifton Springs, N. Y., Sanitarium and has accepted the appointment as dean of the Indiana University, at Indianapolis. He will enter upon his duties in the fall.

The McKeesport (Pa.) Hospital is to have a new nurses' home. The legislature has appropriated \$15,000 for that purpose.

Miss R. I. Albaugh has again been in charge of the Babies' Summer Hospital, at Hartford, Conn., this season.

The Germantown Hospital, Philadelphia, has issued a little booklet entitled, "Pass It On: A True Story and Its Lessons," as an appeal for funds. This hospital is one of the few institutions in Pennsylvania which manages to exist without support from the public treasury.

The Wade Memorial Hospital for Babies has been completed and dedicated to the service of humanity. It forms a part of the plans for the new and greatly enlarged Babies' Dispensary and Hospital, Cleveland. At the opening Dr. Hastings Hart, well known for his activity in child saving, stated that the building was without a parallel in the country and that in its planning and erection Cleveland had set a precedent not only for the United States but for the whole world.

Miss Lillian Frazer has been appointed superintendent of the new Memorial Hospital at North Conway, N. H., with Miss J. L. Walsh as her assistant. Miss Frazer is a graduate of the Boston City Hospital.

The decision to exclude homeopathic physicians from practising in Mountainside Hospital, Montclair, N. J., has led to a serious financial situation and created much strife in regard to the affairs of the institution.

Miss Minnie Goodnow retires this summer from hospital work for the present, at least, on account of home responsibilities.

Bethel Hospital, Colorado Springs, the new building of the organization known as the Deaconess Hospital, has been opened for patients. At the dedicatory exercises many notables in church and state were in attendance, including Bishops Quayle and Warren, of the M. E. Church, the Hon. John Shafroth, governor of Colorado, Hon. H. F. Avery, mayor of Colorado Springs, and others. Miss Florence Standish is the efficient superintendent.

Morton Hospital, Taunton, Mass., has outgrown its accommodations and a new building to accommodate fifty patients is to be built in the rear of the present building.

Dr. William L. Russel, formerly superintendent of the Long Island State Hospital, succeeds Dr. S. B. Lyon as superintendent of the Bloomingdale Asylum, the psychopathic department of New York Hospital. The Bloomingdale institution is located at White Plains, N. Y.

Dr. C. K. Clarke has been appointed superintendent of Toronto General Hospital to succeed Dr. J. N. E. Brown, resigned. Dr. Clarke is dean of the medical faculty of Toronto University and has had a number of years of experience as superintendent of the hospitals for the insane in Toronto and Kingston.

The first two buildings of the contagious hospital, Detroit, have been opened for the reception of patients.

The Providence (R. I.) Lying-in Hospital last year cared for 630 patients, the average being about sixty patients per day, mothers and babies. Miss Alida Young was reelected superintendent at the annual meeting. A large new addition is in course of construction.

Miss Yager, late of the City Hospital, Indianapolis, succeeds Miss Goodnow as superintendent of Bronson Hospital, Kalamazoo, Mich.

The new building for gynecological patients has been opened at the Sloane Maternity Hospital, and the name has been changed to Sloane Hospital for Women.



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# The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

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## The Right of Vindication

*To the Editor of The Trained Nurse:*

I have been interested in the different points of view expressed in previous numbers of your magazine regarding the nurse's "right of vindication. I see enough of "the other side of the shield" to feel that the school in which the probationer is not told the reason why she is not accepted as a pupil must be the exception. I fear that it is, however, not unusual for her to return to her home and say that she was given no reason for dismissal. Not long ago, for instance, we had a candidate who was quite impossible. After talking to her several times without resulting improvement I spent a good deal of time making quite clear to her why we could not accept her. A few days later we received a letter from her family physician saying that he could not understand why she had been sent home without being given a reason. When we have had probationers whom we felt might succeed in a smaller institution, where less was required, we have frequently gone to considerable trouble trying to make suitable arrangements for them.

On entering, our probationers are required to deposit a sum sufficient to cover return traveling expenses, yet we are, from time to time, told by them (when not accepted) that they have no place to go. When told that they have the home they came from only two months before, the home in which they have spent all their lives, the reasons why they cannot return are frequently numerous. This is by no means an unusual occurrence and is equally true of those whose homes are near at hand as of those who come from a distance. I recall one instance of a probationer whose home was sufficiently near to allow of her having visited it several times during the probationary period, yet when not accepted she said she had no place to go and felt that I should provide for her.

Regarding the pupil nurse, no nurse is disciplined, suspended or asked to resign without the fairest hearing and the fullest consideration of all evidence. All stenographic notes and everything pertaining to the case are kept on file and may be referred to at any time. We find, how-

ever, that not all nurses have the moral courage to tell just what has occurred, and the feeling that the nurse has been unjustly or severely dealt with arises because her associates hear only one side of the case.

The spirit in schools of nurses standing by each other is excellent and as it should be (especially is it so when a nurse is in trouble), but it is yet to be desired that they will feel that the most careful and just consideration is given to all matters and that those in authority have very much at heart not only the best good of the whole but also the good of the individual. When a nurse is suspended or asked to resign, her parents are notified and, if they ask, the reason is always given. The nurse is told that this will be done, so there is less temptation on her part to try and conceal it from them.

When we hear from time to time, as we do, about nurses and probationers being unjustly and harshly dealt with, we feel that generally if the other side of the case were known it would seem very different. I am well acquainted with superintendents of other large schools and know the consideration which is given every matter that comes up. Doubtless there are those who fail to practice the golden rule. They, we believe, will gradually give place to the bigger, broader women who are needed at the head of every school.

Nursing is only in its infancy. The demand for nurses has been so great and schools have multiplied so rapidly that it is scarcely surprising to find much in the system which might be improved. We believe there has been much improvement during the past ten years and hope for greater things during the coming years.

AGNES S. WARD, R.N.,

Superintendent Metropolitan Training School,  
Blackwell's Island, N. Y.



## Another Criticism

*To the Editor of The Trained Nurse:*

The letter in the Letter Box of March issue, entitled "A Criticism," is one of the things that make a sincere nurse sick at heart and, to make

matters worse, the writer signs herself "Justice"—I am afraid she does not know the meaning of the word. I wonder if she can realize and grasp the fact that the State Association is not all there is of life and that because a nurse can tack R. N. to her name is no reason that she is a good nurse. And by this last remark I do not wish it understood that I am condemning State registration I heartily approve of it.

I am a graduate of a small hospital and am at present the superintendent of a small hospital, but have never had the misfortune to meet a nurse who had to learn simple fractions after entering the training school. "Justice" has evidently come in contact with some unusual specimens. Also she is poorly enlightened on establishing or maintaining hospitals of any size. Perhaps her love for humanity is so dwarfed she believes in letting the sick in the small country towns die or take the chances of railroad journey of two or three hundred miles to a large hospital. Poor little "Justice," I hope she will grow broader-minded in time to come.

✚ A. N., of Kansas.

### How to Work Up Practice

*To the Editor of The Trained Nurse:*

I would like very much if some nurses who have gone into new fields where a trained nurse has not before been located would tell something of their experience and especially what means they have used to work up a good practice. I have a sister who is getting discouraged because of the long waits between calls in a large city, and I have urged her to go West, at least to strike out, and go to some entirely new place where she will have, perhaps, no competition for awhile at least.

How many doctors would a town need to have to offer a fair chance? Should she advertise in local papers and how long should such an advertisement be continued, if started? What other means might a nurse use to create a demand for her services? Do you know of any town such as I have suggested where a nurse might expect to work up a fair practice in a short time?

Thanking your readers in advance for replies,

✚ H. A. P.

### How Much Do You Save Each Year?

*To the Editor of The Trained Nurse:*

Several articles which have appeared in the magazine within the last few months have interested me, particularly those relating to investments and thrift among nurses.

I have only been graduated a little over a year, but have saved a little over six hundred

dollars. I have a friend who has saved over five hundred dollars in her first year. We are both graduates of a small hospital—about forty beds—and both are doing private nursing. We room together and pay seven dollars a month each for the room and telephone calls. Both of us have been kept pretty busy—one time we did not meet in our room for three months. I wondered if we had done better or worse financially than other nurses. We are both keeping track of what we earn and what we spend, which our superintendent taught us was a good plan. I should be glad if other nurses would write of their earnings and savings and expenditures so that we might have something to compare with.

HATTIE REID MARTIN.

✚

### Report of Case

*To the Editor of The Trained Nurse:*

I am sending you a report of a case which was exceedingly interesting. I did most of the nursing in this case myself, being relieved only about three hours in the twenty-four. Patient, a child about six years old, case diagnosed acute appendicitis. Entered hospital about 1 A.M. Bowels had not moved for about three days. Hot turpentine stipes were applied at once and continued till morning. About 3 P.M. she was given a soap-suds enema with turpentine one dram, but no result was obtained. At 7.30 the enema was repeated, but still no result. At 9 P.M. she was given an enema of milk and molasses, but with no result. At midnight she was given another soap-suds enema and at 2.30 another milk and molasses enema with no result. At 3.30 A.M., Magn. Sulph. (Sat. Sol.) two drams. At 4 A.M. she was given a soap-suds enema with glycerine two ounces, no result. The turpentine stipes were again applied and continued till 8 P.M., then she was given another soap-suds enema with one dram of turpentine; flatus was expelled freely and some minute particles of fecal matter. The turpentine stipes were again applied during the night, the abdomen being massaged with castor and croton oil (one drop croton to one ounce of castor oil) every four hours. At 2 P.M. the next day she was given castor oil one half ounce; at 4 P.M. she was given a soap-suds enema, after which flatus was expelled freely but no fecal matter. At 12 P.M. all treatment was stopped and the patient allowed to rest.

The next morning little Maud was taken to the surgery from which no one expected to see her come alive. The incision was made for appendicitis, but five tumors were found, three of

which would hold about a pint of serum each and the other two about a half-ounce each. These were removed and the wound sewed up. That afternoon there was the first peristalsis that had been noticed since she entered (four days). All that night she was so nervous and hysterical that we feared she would tear her wound with her screams and kicks. At 11 P.M. she was given morphine, gr. 1-8, but this had very little effect and all I could do from that till morning was to rub her back and limbs with alcohol, 50 per cent., which soothed her more than the morphine. At 4.30 the next day she was given an enema which was very effectual. The child continued to improve and left the hospital two weeks after date of entrance. I saw her about seven months later, but could not recognize in the plump, rosy-cheeked child before me the little living skeleton we had at the hospital. L. F. C.

✦

### The Summer Uniform

*To the Editor of The Trained Nurse:*

In the August number of THE TRAINED NURSE "Virginia" has very timely introduced the question of the common sense in uniforms for nurses, "especially in hot weather," she says, and I am pleased to assure Virginia that she is not alone in her views on this reform in uniform for the summer months. I have, in fact, adopted a summer uniform for the months of June, July and August. The pupils were elated when the question of short sleeves and collarless uniform was suggested and very soon converted some of their more worn uniform waists into attractive and comfortable short sleeves and low neck. The sleeves were cut off above the elbow and a box plait made to take up the fullness, then a white linen band was stitched on in the form of a cuff; next the collar was removed and a circular band of white linen, the same width as the cuffs, stitched on around the neck. These bands were stitched firmly on both edges and washed with the waist, thus saving the extra amount of work required in the starching, washing, ironing and assorting of at least ninety collars and one hundred and thirty-five pairs of cuffs per week. The nurses were more comfortable in wearing the uniform, the patients made comfortable by feeling that the nurses were more at ease, and, last but not least, the pupil was able to economize in utilizing her otherwise discarded uniform by converting it into the "summer comfort."

MARY N. CATTON.

Lady Superintendent, Lady Stanley Institute Training School of The County of Carleton General Protestant Hospital.

### The Nurse's Vacation

*To the Editor of The Trained Nurse:*

I think a nurse's vacation should be an outdoor one as far as possible, if she spends most of her time indoors, as most of us do. One of the most pleasant vacations I ever had was one spent with friends in Manitoba. I had heard of the wonderful wheat fields, but a few weeks spent among them with an old-time friend who had gone to share the life of a Western farmer was a very delightful change from nursing in a large city. The lady of the house had a gentle driving horse and we had long drives to the postoffice, to church and to neighboring farms. While I had thought of her as "roughing it" in the West I was surprised to find her in a comfortable, roomy brick dwelling with every appearance of comfort. She worked hard, but I doubt if it was harder than I, and she had her night's rest, which I had not.

It seems a mistake for a nurse to go for a vacation to any place where she will be expected to be on dress parade every hour of the day, and I am sure if a nurse is in need of a rest and change the last place she should go to is to a convention of nurses where she will have to talk shop most of the time.

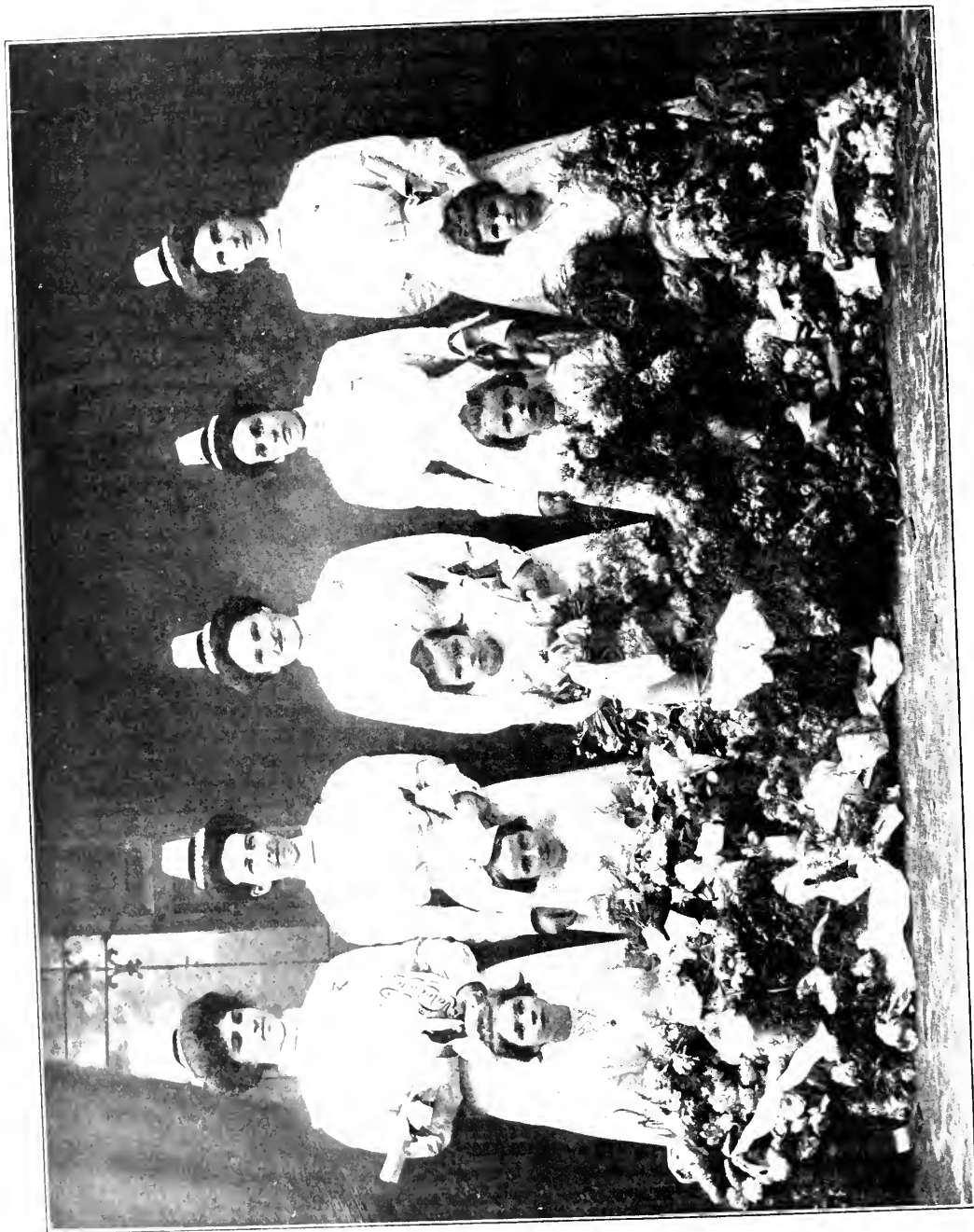
✦

### Hospital Noise

*To the Editor of The Trained Nurse:*

I have been much interested in the articles relating to hospital noise which have appeared in the June and July numbers. I realize that training can do a great deal, but what I would like to know particularly is the best way to overcome the noise from a freight elevator which is enclosed in a wire cage and is right next door to, and opposite, private rooms. The hospital is on a quiet street and we get no more outside noise than is common in the best hospitals, but the rattling of garbage pails, the bringing up and down of ice and dishes, and removal of soiled clothes, etc., keeps up a more or less constant noise that makes every room in the corridor undesirable during the day. It is easy to say that an elevator shaft ought not to be located near private rooms, but that does not solve the question as to how to deal with the noise from an elevator installed several years before I had any responsibility for hospital noise. Can anything be done to lessen the noise? Will some one please tell me what it should cost to have an elevator machinery changed so that it would work automatically—I mean that the door would not open till the button was touched from the inside, and also the elevator would not start till doors were securely closed?

NEWTON.



GRADUATING CLASS, ST. JOSEPH'S HOSPITAL, CHATHAM, ONT., CANADA

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# Book Reviews

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## *The Structure and Functions of the Body.*

By Annette Fiske, A.M., graduate of the Waltham Training School for Nurses. Price, \$1.25.

While there is no lack of text books on anatomy and physiology, all of them differ in various ways and teachers of nurses are usually glad to examine new books in search of new or improved methods of presenting old subjects. Miss Fiske has given much thought as to how anatomy and physiology should be presented to nurses and her conviction that the books with which she was familiar failed to meet the need as it appeared to her was the inspiration for her book.

This volume weaves the anatomy and physiology together; first the general structure of the body being treated, and then in detail the structure and function of each part. The first chapter deals with the composition of the body and the general structure of the various tissues—epithelial, connective, bone muscles, arteries, nerves, glands, etc. The skin, the cranium and face, the organs of special sense, the nervous system, the back, the chest, the heart and circulation, the lungs and respiration, the abdomen and the organs of digestion and excretion, the pelvis and genital organs, the upper extremities, the lower extremities, are each given a chapter, the whole making an attractive volume of 220 pages.

The book is concise, well-written and well-illustrated, and should meet with favor in schools for nurses. The graduate nurse who desires to brush up her knowledge of these subjects will find it conveniently arranged for study and a valuable book of reference.



## *Tuberculosis Hospital and Sanitarium Construction.* By Thomas Spees Carrington, M.D.

This very attractive volume of 169 pages has been written for the National Association for the Study and Prevention of Tuberculosis as a help and guide to those who are charged with the responsibility of deciding on the details of construction of institutions for the care and cure of tuberculosis patients. "The problem of tuberculosis from the institutional point of view is to care for the largest possible number of patients at the lowest possible cost compatible with efficient results." It has been learned by ex-

perience that "careful preliminary planning is the chief factor in subsequent economy of operation."

The contents cover site and grouping, administration buildings, separate, administration buildings and patients' quarters combined, hospitals for advanced cases, reception hospitals, patients' quarters with the different types of building, cottages, lean-tos, etc., their relative advantages and disadvantages.

The book is practical throughout. It is a mine of information packed in small compass. The style is clear and free from technicalities. Every type of building from the old farmhouse found on the site purchased for the sanitarium remodelled for use as a start and later used for an administration building to the most elaborate and expensive structure the country affords are described with their merits, demerits, plans for the different sections, methods of heating, ventilating, etc. The illustrations number over one hundred and greatly enhance the value and attractiveness of the book.



## *The Mother's Manual.* By Emelyn L. Coolidge, M.D., of the Babies' Hospital, New York. Price, \$1.00.

This book presents precisely the information which every young mother asks. It is full of practical hints, clear and concise, and readable in style though scientific in point of view. To the nurse who has not received in her training-school course the necessary amount of education on the nursing and care of infants and children this book will be found helpful. To the nurse engaged in infant hygiene work and the education of mothers it will be most valuable. For sale by the Lakeside Publishing Co.



## *Pellagra in Buffalo.* By Grover W. Wende, M.D., Buffalo. Reprint from the *Buffalo Medical Journal*.

## *Salvarsan, or 606, Ehrlich's New Remedy for Syphilis.* By Edgar G. Ballenger, M.D., Atlanta, Ga. Reprint from *Journal-Record of Medicine*.

# In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE

## Report of Committee to Consider Resolution Regarding Nurses' Training Schools\*

*To the House of Delegates:*

This committee was appointed a year ago in response to a resolution reading as follows:

"Moved that the President appoint a Special Committee on Nurses' Training Schools, consisting of five members, to confer with the State Department of Education when necessary; to affiliate with other organizations in matters of common interest; to cooperate with the Committee on Legislation; and generally advance the mutual interests of this Society and Nurses' Training Schools."

For the past few years there had been a scarcity of nurses in the hospitals over the State, so that the efficiency of some of them was seriously compromised, the embarrassment being especially noted among the smaller and moderate-sized hospitals, but by no means limited to them. It was reported, also, that the State Department of Education would consider suggestions aimed at the correction of any faults existing, and shape legislation, if necessary, to that end. Therefore, the committee was appointed. The Department of Education requested a conference, which was designated for September 29, 1910. This was attended by representatives of the State Medical Society, the State Nurses' Association, the State hospitals, and the Board of Regents; Miss Alline, State inspector of nurses' training schools; Prof. Andrew S. Draper, commissioner of education, and Dr. Augustus S. Downing, first assistant commissioner. After a full discussion it was evident that no agreement could be reached as to any legislative enactment that would relieve the situation, and it was decided that there would be no legislation sought during this year, but that the department would endeavor to meet the difficulties so far as possible by administrative measures. In justice to the State department, it should be stated that it had nothing to do in framing the original Nurses' Practice Act of 1903. It has, however, been responsible for the subsequent schedules on entrance qualifications

and professional training. The former was determined on an eight-year grammar-school course and one year of high school.

The following tables compiled from reports for 1909 present the results of the application of this standard:

EDUCATIONAL QUALIFICATIONS FOR ADMISSION.		
	Approximate Per Cent.	
Four years high school.....	814	31
Three years high school.....	266	11
Two years high school.....	420	16
One year high school.....	381	12
Equivalent of one year of high school	767	29

Total number of pupils..... 2,648

If 29 per cent. of those admitted cannot pass a one-year high-school examination, and if even then there remains a shortage of nurses, it is a fair conclusion that the standard for entrance in New York is too high for practical results.

It will be of interest to examine the standards of entrance qualifications of other States.

1. States requiring a preliminary four-year high-school course: Delaware (or its equivalent), Maryland (or its equivalent), North Carolina, West Virginia.

2. State requiring one year of high school after eight years of grammar school (or its equivalent): New York.

3. States requiring the completion of grammar-school course: California, Michigan (or its equivalent), Missouri (or its equivalent), Minnesota, Nebraska, Oklahoma.

4. State requiring one year in an approved secondary school: New Hampshire.

5. State requiring common school education (or its equivalent): Indiana.

6. Territory requiring education in reading, writing and arithmetic: Porto Rico.

7. States where requirement is prescribed by board of administration: Illinois, Virginia, Wyoming.

8. States where no preliminary education is required: Colorado, Connecticut, District of

\* Reprinted from *New York State Journal of Medicine* May, 1911.

Columbia, Georgia, Iowa, Massachusetts, New Jersey, Pennsylvania, Texas, Washington.

Probably the school grades of the various States are not precisely alike, but they are sufficiently so for this comparison. It would be interesting to know how much more valuable as a nurse is the woman from Delaware, Maryland, North Carolina, West Virginia and New York, with their high-entrance qualifications, when compared to the one from Connecticut, Massachusetts, New Jersey and Pennsylvania, with no preliminary requirement. Do the schools in the States last listed have more pupils because of the low standard for entrance? It was the opinion of Miss Alline, the State superintendent of nurses' schools, that the scarcity was quite general over the United States. When asked as to the causes leading up to this shortage, the following was given:

Increasing opportunities for commercial employment of women; the keener appreciation of the fact that nursing involves hard work, both in preparation and practice; and, associated with this, inadequate housing and feeding of the pupil nurses in some of the hospitals.

#### PROFESSIONAL TRAINING.

The following table represents the term of professional training as applied in the various States:

Three years' hospital course: California, Delaware, Georgia, Illinois, Iowa, Maryland, Minnesota, North Carolina.

Two years' hospital course: Connecticut, District of Columbia, Indiana, Michigan (after 1912), Missouri (after 1912), Nebraska, New Hampshire, New Jersey, New York, Oklahoma, Pennsylvania, Texas, Virginia, West Virginia, Wyoming.

Term determined by board: Porto Rico, Washington.

None: Massachusetts.

Thus it is seen that New York State gives the "R. N." to the graduates of both the second and third year schools, but the second year students cannot be utilized to care for patients outside of the hospital, while the third year student may be so used for three months of the third year to earn money for the hospital.

#### LICENSING TESTS.

All of the States heretofore enumerated, with the single exception of New Jersey, have provided for examinations of nurses of State authority or for license from another State board having equal requirements.

#### REGISTRATION OF NURSES.

Following is a classification of the States as to the registry of nurses:

States requiring registry by the State board: California (triennially), Colorado, Connecticut, Delaware, District of Columbia, Georgia, Illinois (and county clerk), Indiana (and county clerk), Iowa (and county clerk), Maryland, Minnesota, Nebraska, New Hampshire, North Carolina (and clerk of county court), Oklahoma, Pennsylvania, Texas, Virginia, Washington, West Virginia, Wyoming.

Registry by the Secretary of the Commonwealth: Massachusetts.

Registry with county clerk only: Michigan, Missouri, New Jersey, New York (triennially).

No registry: Porto Rico.

It appears from the nurses' training school statistics compiled by the New York State board of education that while there were 1,018 nurses given diplomas by their hospital schools, not more than 471 applied for the State examination for registered nurse—that is, only about 45 per cent.

A consideration of the above facts, with the common knowledge that hospitals differ so much as to number of beds, financial resources, range of service, teaching facilities, etc., etc., will impress one with the extreme difficulty, if not impossibility, of standardizing the instruction of nurses by any common measures. Nevertheless, the law having been passed and relegated to the board of regents for administration, it was necessary for the department of education to do something. Naturally, the problem would be approached from the standpoint of pedagogy, and methods applied that were in use in other departments of instruction. The hospital administrator, however, with other experience, would with equal certainty regard the subject from his viewpoint. Thus the president of the board of trustees of one of our hospitals, in a letter to this committee, remarked: "It is more important that the people have small hospitals than that a few highly educated and trained nurses obtain the thus-far little coveted title of 'R. N.,' and again, when we consider that only about 6 per cent. of the school population ever gets to the high school (and only 1 per cent. of that 6 per cent. graduate), then dividing these figures by two on the assumption that the sexes are equally divided, we shall see how absurd it is to require hospital boards to fill their training schools with girls who have had at least one year in the high school—3 per cent. to choose from, three out of every hundred. It is asking an impossibility, for no such number care to become nurses."

Another opinion was as follows: "Personally,

I favor leaving the question of a pupil's admission entirely in the hands of the superintendent of the training school, because she can be trusted to secure the best possible, and if after the course of training the pupil cannot pass the final examination she will fail to receive the title of graduate nurse."

To sum up the matter, the State has undertaken to raise to the rank of the profession a vocation that is subordinate to that of medicine.

A bright, active woman can properly acquire the art of nursing by the practical training she receives during a two years' course, supplementing this by a third year if she proves suitable for special work. It ought to be recognized by the hospital authorities that the hours of work should be curtailed by increasing the corps of nurses, so that there may be sufficient time for study and recreation on the part of the nurse. The State board of education must inevitably continue to recognize "equivalents" if it continues the present standard of entrance qualifications, or lower that standard to less than a grammar-school education if the hospitals over the State are not to be seriously disturbed in their finance and equipment of nurses.

The nursing and care of the sick is the primary function of the hospital; the training of nurses is a subsidiary one, that can be effected, however, to the mutual satisfaction of both the hospital and the nurse. So far as registration and the "R. N." are concerned, it is apparent that not one-half of the nurses graduated care enough for it to enter the examination. As remarked by one of the recognized authorities on nursing questions, we have the "registered nurse" of four kinds—those training in hospitals for three years, those for two and a half years, and those for two years, and those registered with no hospital training at all; then there is the "graduate nurse," who likewise is of the same number of varieties, but unregistered; then in addition there are the short-course school graduates, correspondence-school graduates, "certified" domestic nurses, "experienced" nurses and "practical" nurses, besides hundreds of just common, very common, "nurses" without any distinguishing adjectives as appendages before or after their names. Time will show, if it has not already, how much the public is benefited by State regulation of nurses when so small a part of them come under its jurisdiction.

Meanwhile, your committee is of the opinion that the State should recognize the nurse problem as an experimental one, to be regulated at

present by wise administration rather than by legislation.

Respectfully submitted,

CHARLES STOVER, *Chairman.*

EGBERT LE FEVRE,

ALEXANDER LAMBERT,

ROSWELL PARK.

December 31, 1910.



### Vermont

AN ACT to provide for the registration of nurses.

*It is hereby enacted by the General Assembly of the State of Vermont:*

SECTION 1. A board of registration of nurses is hereby established to consist of three members, to be appointed by the governor within thirty days after the passage of this act. Two members of said board shall be physicians in active practice on the attending staff of any hospital of the State having a training school for nurses. The third member shall be a graduate nurse holding a diploma from a hospital training school for nurses, giving at least a two years' course in the theory and practice of nursing. He or she shall have had three years' experience in nursing the sick. The members of said board shall be appointed as follows: one for two years, one for four years and one for six years from the first day of March, 1911, and until their respective successors are appointed; and thereafter the governor shall biennially, before the first day of March, appoint one person qualified as aforesaid, to hold office for six years from the first day of March next ensuing. Vacancies in said board shall be filled for the unexpired term in the manner of the original appointment. Any member of said board may be removed for cause by the governor.

SEC. 2. The members of said board shall meet the second Tuesday in March, and annually thereafter, and proceed to organize by choosing a president, secretary and treasurer, who shall hold office for one year, or until their successors are elected. They shall adopt a seal and such by-laws and regulations as are needed for the transacting of business, but said board shall not in any way control the prices or compensation paid to nurses. The said board shall hold two meetings regularly each year, the time and place to be fixed by the board, and they may hold additional meetings at such times and places as may be deemed necessary.

SEC. 3. It shall be the duty of said board immediately upon its organization, to notify all persons engaged in the practice of nursing the sick in the State, of the time and places of the examinations for registration, by publishing in



# The Nourishment of Invalids

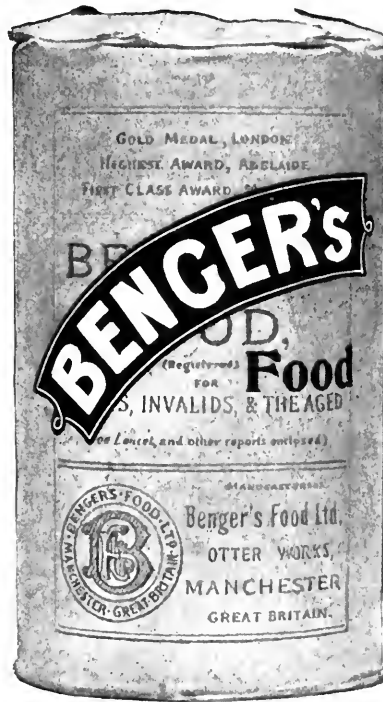
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Corset Covers. . . . . \$ .50  
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Union Suits (all shapes) . . . 1.00  
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ROXANA—Medium weight Merino  
White Vests, Pants, Tights, Cor-  
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Union Suits (all shapes) . . . \$1.65  
Extra sizes. . . . . .2.00  
HILDA—Heavy weight Merino White  
and Natural Vests, Pants,  
Tights. . . . . \$ .85  
Extra sizes. . . . . .1.00  
Union Suits (all shapes) . . . 1.50  
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one or more newspapers in the State, and by a written notice to the superintendents of all training schools and nurses' registry bureaus in the State.

Application for registration shall be made upon blanks to be furnished by the board and shall be signed and sworn to by the applicant. Any person, a resident of this State, who shall furnish satisfactory evidence that he or she is at least twenty-one years of age, of good moral character and who holds a diploma from a training school for nurses connected with some hospital requiring at least a two years' course, shall upon payment of a fee of five dollars, be examined by said board and if found to be qualified shall be registered with the right to use the title of *registered nurse*, and shall receive a certificate thereof from the board signed and sealed by the president and secretary. Within sixty days from date of issue this certificate must be recorded in the office of the secretary of state with an affidavit of identity and residence of the person to whom granted.

An applicant who fails to pass an examination satisfactory to the board, and is therefore refused registration, shall be entitled within one year after such refusal, to a re-examination at a meeting of the board called for the examination of applicants, without payment of additional fee. The said board may after a hearing, by a vote of a majority of its members, annul the registration and cancel the certificate of any nurse, without hearing, if such nurse has been found guilty of a crime or misdemeanor. All fees received by the board shall be paid annually into the State treasury.

SEC. 4. Examinations shall be partly in writing in the English language, and partly in practical work, and shall include the principles of nursing. Due credit shall be given for examinations in special branches.

SEC. 5. The board shall have power to register in like manner without examination, upon payment of the usual fee, any person who has been registered as a professional nurse in another State under laws which in the opinion of the board maintain a standard substantially similar to that of this act, and which extends a similar courtesy to nurses registered in this State. Graduate nurses, residents of this State, who hold diplomas from an accredited nurses' training school, bearing date not later than January 1, 1911, may become registered as herein provided without examination upon payment of the usual fee.

SEC. 6. Each member of the board shall receive four dollars for every day actually spent in the performance of his or her duties; provided,

however, that in no event shall the total sum paid to any one member exceed one hundred dollars in any one year, and the necessary traveling expenses actually incurred in attending meetings of the board, not exceeding three cents per mile each way. The said compensation and traveling expenses, together with any incidental expenses necessarily incurred by the board or any member thereof, shall if approved by the board be paid from the treasury of the State, but only from the fees paid into the said treasury by the board.

SEC. 7. The board shall keep a record of all names of persons registered hereunder, and of all money received and disbursed by it, and a duplicate thereof shall be open to inspection in the office of the secretary of State. Said board shall annually, on or before the first day of January, make a report to the governor of the condition of professional nursing in the state, of all its official acts during the preceding year and of its receipts and disbursements.

SEC. 8. Whoever, not being authorized to practice as a registered nurse within this State, practises or attempts to practice as a registered nurse, or uses the abbreviation R. N., or any other words or letters or figures to indicate that the person using the same is a registered nurse, shall for each offense be punished by a fine of not more than one hundred dollars. Whoever becomes registered or attempts to become registered, or whoever practices or attempts to practice as a registered nurse under a false or assumed name shall for each offense be punished by a fine of not less than one hundred dollars nor more than five hundred dollars, or by imprisonment for three months, or by both fine and imprisonment.

SEC. 9. The board shall investigate all complaints of violations of the provisions of this act, and report the same to the proper prosecuting officer.

SEC. 10. This act shall not apply to gratuitous nursing of the sick by friends or members of the family, or to the acts of any person nursing the sick for hire who does not assume to be a registered nurse.

SEC. 11. The board may make such rules and regulations with reference to procedure hereunder as it may deem expedient, provided that the same are not inconsistent with this act or with any other law of the State.

SEC. 12. For the purpose of the appointment of said board and of registration of persons by it hereunder, this act shall take effect upon its passage.

Approved January 28, 1911.

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## Changes in the U. S. N. Nurse Corps

### APPOINTMENTS

Mary R. Gillette, Erie County Hospital, Buffalo, N. Y. Margaret Seitz, Episcopal Hospital, Philadelphia, Pa. Jean Allan, Garfield Memorial Hospital, Washington, D. C. Sadie Keiningham, Protestant Hospital, Norfolk, Va. Margaret Boylan, Carney Hospital, Boston, Mass. Mary D. Hamlin, University Hospital, Baltimore, Md.

### TRANSFERS

Emily C. Smith, from U. S. Naval Hospital, Washington, D. C., to U. S. Naval Hospital, Philadelphia, Pa. Mary H. Du Bose, U. S. Naval Hospital, New York, to U. S. Naval Hospital, Annapolis, Md. Isabella Irskine, from U. S. Naval Hospital, Washington, D. C., to U. S. Naval Hospital, New York. Nellie R. Ferrell and Ruby M. Covert, from U. S. Naval Hospital, Washington, D. C., to U. S. Naval Hospital, Norfolk, Va. Thomasina B. Small, from U. S. Naval Hospital, Mare Island, Cal., to U. S. Naval Hospital, Washington, D. C. Blanche M. Alexander, from U. S. Naval Hospital, Washington, D. C., to U. S. Naval Hospital, New York.

### DISCHARGE

Mary R. Gillette.

### RESIGNATIONS

Evelyn W. Jefferson. Miss Jefferson resigned for advantageous reasons; her resignation was regretfully accepted. Josephine Heffernan. Miss Heffernan's reason for resigning was her inability to adapt herself to nursing conditions in the naval service.

LENAH S. HIGBEE, M.L.A., R.N.,  
Supt. U. S. N. Nurse Corps.



### Canada

Graduating exercises of the Training School for Nurses of St. Joseph's Hospital, Chatham, Ont., were held in St. Joseph's Hall, Cross street, on the evening of July 4.

The graduates were five in number, viz.: Misses Bessie J. Ritchie, Bessie J. Gregory, Margaret L. Lydon, Hannah L. Richardson, Marie A. Peck.

The following is the program: Entrance March, Orchestra; Opening Address, Mayor Brackin; Vocal Solo, Mr. Angus; Address, Dr. McKeough; Vocal Solo, Miss McDonald; Selection, Orchestra; Vocal Solo, Master Walter Charteris; Selection, Orchestra; Valedictory, Miss Marie Peck; Address, Dr. Charteris; Presentation of Medals and Diplomas, Rev. Father James, O.F.M.; Selection, Orchestra; Chorus, Nurses, "God Save the King."

Afterwards a reception was held in the auditorium, followed by refreshments.



### Pennsylvania

At the end of the spring courses in Mechano-Therapy the following students received their

diplomas at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa.: Marie L. Hyrup-Pedersen, Florence C. Mason, Kathryn C. Falsey, Eugene P. Sullivan, Annie M. Woodbury, R.N.; Fannie S. Frantz, Alma Snipes, Mabel M. Koller, M. Calliope Burris, Helen E. Caulfield.



The Alumnae Association of the Pittsburgh Training School for Nurses connected with the Homeopathic Hospital gave a luncheon on Wednesday, August 2, at the Rittenhouse, in honor of Miss Carolyn S. Gray, the superintendent to the training school.

Mrs. William S. McCreight, the president of the association, introduced Miss Gray to those present in a few well-chosen words of welcome, to which Miss Gray most gracefully responded.

Miss Gray came to the Homeopathic Hospital very recently and is a graduate of the New York City Training School, Blackwell's Island, New York, and for the last four years has also been the assistant superintendent of the same institution.



The annual banquet of the Oil City Hospital Alumnae of Nurses was held Thursday afternoon and evening at Monarch Park. The ladies assembled during the afternoon and the attendance was large owing to the fact that a number are now enjoying a brief rest in town after an arduous season. Covers were laid for 50 when the banquet was served in the dining pavilion. The evening was then given over to park enjoyments. Miss Emma J. Keating and Miss Mary E. Ames, of the Oil City Hospital, were guests of the alumnae.

The new officers of the alumnae who were elected recently entered upon their duties. These officers are: president, Miss Luella Dean; first vice-president, Miss Mary Birchard; second vice-president, Miss Vaughn; secretary, Miss O'Flaherty; treasurer, Miss Hadley; historian, Miss Jackson.



### North Carolina

The ninth annual meeting of the North Carolina State Nurses' Association was held in Greensboro, N. C., June 14, 15, 16. The meetings were opened with a very interesting public session presided over by Dr. Beall, and at which the following program was presented:

*Prayer:* by Rev. R. Murphy Williams.

*Address of Welcome:* Dr. J. W. Long.  
Music.

FAC-SIMILE

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ANTIKAMNIA TABLET

**FEELING IS A SENSE**

**FEELING PAIN NONSENSE**

WHEN SAME CAN BE RELIEVED WITH TWO ANTIKAMNIA TABLETS

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# INSTRUCTION IN MASSAGE

Swedish Movements, Medical and Orthopaedic Gymnastics

Original Swedish (Ling) System of Massage

A thoroughly equipped gymnasium is used for general and special gymnastic work to correct deformities such as spinal curvature, torticollis, flatfoot, etc. A complete Medico-Mechanical Zander gymnasium contains a set of apparatus invented by Dr. Gustaf Zander, of Sweden. Pupils are instructed in the use of Prof. Von Leyden's apparatus for tabes dorsalis, as well as to give the system of Frankel exercises for re-education of lost co-ordination.

## Electro-Therapy

The electrical department is thoroughly equipped with galvanic, faradic batteries, coils for High Frequency, Sinusoidal currents, X-Ray work, Static Machines, Bachelet magnetic wave, etc.

## Hydro-Therapy

Pupils are taught the use of Electric Light, Dry Hot Air Baths, Dr. Baruch's hydriatic table; we have all facilities for the administration of the various full and medicated baths, half baths, packs and other hydriatic procedures. Schott exercises are taught in connection with the Nauheim Bath. Nebulizers, Vibrators, Frazier-Lentz Baking Apparatus, local and general Blue Light Baths, Solar, Leucodescent Lamps, Bier's Hyperaemia and various other apparatus are thoroughly demonstrated and used in practical work on patients.

Theoretical and practical instruction, Lectures, Quizzes and Demonstrations on Anatomy, Physiology, Pathology, Theory of Massage and Gymnastics, Hydro- and Electro-Therapy by members of staff and invited physicians. Abundant clinical material. Students attend clinics at several city hospitals. Separate male and female classes. Diploma. Particulars and illustrated prospectus upon request.

FALL CLASSES OPEN IN TWO SECTIONS, ON SEPT. 20 and NOV. 15, 1911

## INSTRUCTORS

WM. EGBERT ROBERTSON, M.D. (Professor of Medicine, Temple University).  
 HOWARD T. KARSNER, M.D. } (Instructors University  
 HOWARD A. SUTTON, M.D. } of Pennsylvania).  
 ELDRIDGE L. ELIASON, M.D. }  
 DANIEL D. HOYT, M.D. (Instructor Univ. of Penna).  
 LOUIS H. A. VON COTZHAUSEN, Ph.G., M.D. (Graduate Phila. College of Pharmacy, Med. Dept. University of Penna., Penna. Orthopaedic Institute).  
 WM. ERWIN, M.D. (Hahnemann and Rush Med. Col.)

MAX J. WALTER (Univ. of Penna., Royal Univ., Breslau, Germany, and lecturer to St. Joseph's, St. Mary's, Philadelphia General Hospital (Blockley), Mount Sinai and W. Phila. Hosp. for Women, Cooper Hosp., etc.)  
 HELENE BONSDORFF (Gym. Ins., Stockholm, Sweden).  
 LILLIE H. MARSHALL } (Pennsylvania Orthopaedic  
 EDITH W. KNIGHT } Institute).  
 MARGARET A. ZABEL (German Hospital, Philadelphia, Penna. Orthopaedic Institute).

**PENNSYLVANIA ORTHOPAEDIC INSTITUTE AND SCHOOL OF MECHANO-THERAPY (Incorporated)**

711 Green Street, PHILADELPHIA, PA.

MAX J. WALTER, Superintendent

"History of Nursing." Dr. Beall.

"The Trained Nurse as the Doctor's Assistant in the Reduction of Infant Mortality." Dr. Chas. Robinson.

Music.

Adjournment.

#### THURSDAY A.M.

Meeting called to order by president, Miss Constance E. Pfohl, Winston-Salem.

Prayer.

Reading of minutes of eighth annual meeting and report of secretary for year. Lois A. Toomer, R.N.

Report of treasurer for year. Birdie Dunn, R.N.

Election of new members.

*Paper:* "The Nurse, the Aid to the Doctor." Percy Powers, R.N.

*Paper:* "A Plea for Special Preliminary Educational Training for Nurse Applicants in North Carolina." Cleone Hobbs, R.N.

Discussion from floor.

Committee in charge of Proposed course at State Normal College: Misses Hobbs and Wyche.

*Paper:* "A Plea for the Nurse Tubercular Victim." Birdie Dunn, R.N.

Exhibition of plan and specifications of proposed shack.

Discussion from floor.

Adjournment.

Afternoon session called to order at 2 P.M. by president.

Report of local clubs.

Report of Almshouse Committee: E. May Williams, R.N., chairman.

Report of Red Cross work in the State: Ella H. MacNichols, state chairman.

Report of meeting of Associated Alumnae: Constance E. Pfohl, R.N., delegate.

*Paper:* "A Few Practical Suggestions on the Care of Patients." Annie Sturgeon, R.N.

Report of Board of Examiners: Anne Ferguson, R.N., secretary.

Adjournment, followed by a tea at the college infirmary and a reception at St. Leo's Hospital.

#### FRIDAY

Meeting called to order at 10 A.M.

Minutes of Wednesday's meetings read and accepted.

*Paper:* "Nursing of the Aged." Miss Montie McIntosh.

*Paper:* "Oral Prophylaxis." Miss Insch, R.N.

*Paper:* "Surgery and Post-Operative Care in the Home." Florence Perry, R.N.

*Paper:* "Qualifications of a Nurse." Mrs. Pratt.

Friday meeting called to order at 2 P.M.

Discussion of tubercular shack.

Committee appointed by president: Misses Dunn, Ferguson and Allen

Auxiliary committee: Hattie G. Loury, R.N., Wilmington; Cleone Hobbs, R.N., Greensboro; Mary Streetz, R.N., Winston-Salem; Miss Insch, R.N., Charlotte; Mary L. Wyche, R.N., Durham; Annie Sturgeon R.N., Raleigh; Rose Batterham, R.N., Asheville.

Report of Nominating Committee and election of new members on Board of Directors, resulting as follows: Constance E. Pfohl, R.N. (reelected); Eugenia Henderson, R.N.; Mrs. Dorothy Hayden, R.N.; Mrs. Pratt.

A rising vote of thanks was tendered the Greensboro nurses for the interest shown at the meetings and their delightful hospitality.

Adjournment, followed by an auto ride to Guilford battle ground and a reception by the Women's Club, of Greensboro.

Officers and directors for 1911: president, Constance E. Pfohl, R.N., Winston-Salem; first vice-president, Mary L. Wyche, R.N., Durham; second vice-president, Mary P. Laxton, R.N., Asheville; secretary, Lois A. Toomer, R.N., Wilmington; treasurer, Eugenia Henderson, R.N., Winston-Salem. Dorothy Hayden, R.N.; Greensboro; Mrs. Pratt, Charlotte.

Delegate to American Nurses' Association, Constance E. Pfohl, R.N. Alternate, Mary L. Wyche, R.N.



#### District of Columbia

The Nurses' Examining Board of the District of Columbia will hold examination of applicants for registration November 15, 1911. Applications must be in by November 1, 1911. Apply to secretary, Miss Katherine Douglass, 320 East Capitol Street, Washington, D. C.



#### Missouri

The graduating exercises of the St. Louis Mulvanphy Hospital Training School were held in the nurses' reception room of the hospital June 16, 1911. The room was beautifully decorated in the class colors, white and blue, and also a profusion of flowers presented by friends to the graduating class. Those graduating were: Misses Helen Schneider, Petronilla Schmidt, Mary Lamb, Loretta Shabata, Mary Maher, Alice Thomure, Katherine Cronin and Mrs. Caroline Seemes.

# Are Caffein Beverages Harmful?

Confusion undoubtedly exists in the minds of the laity concerning the question under consideration in the above query.

This confusion is doubtless because of the misunderstanding in regard to the role caffein plays as a remedy (drug) in the hands of trained physicians, and that which it plays as a constituent of a regular daily beverage—coffee, tea, etc.

Caffein is undoubtedly a useful remedy to the physician. As an “active principle” of an almost universal drink in this country it is bad for the following reasons:—

“In man small doses, up to  $1\frac{1}{2}$  grains, caffein slows the pulse. Larger doses cause toxic symptoms, tinnitus aurium, tremor of the hands, mental confusion or delirium, amblyopia or transient deafness, palpitation of the heart, rapid pulse, irregular heart action, a sense of oppression in the chest, etc., etc.”—(Waugh-Abbot Alkaloidal Therapeutics—p. 101.)

Is this not cause enough to discard “caffein beverages” and (in case a hot agreeable beverage is desired) drink

## POSTUM

a wholesome drink made of clean, hard wheat and a small per cent. of pure molasses—all roasted carefully and marketed under convenient, economical conditions.

Be sure to insist that Postum be boiled 15 minutes according to directions on package to get full richness of color and flavor.

The “Clinical Record” for physician’s bedside use will be sent, prepaid, to any physician or nurse who has not already received one. Also a box of samples of Postum, Grape-Nuts and Post Toasties.

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Postum Cereal Co., Ltd., Battle Creek, Mich., U. S. A.

The exercises were attended by Father Ryan, the worthy and esteemed supervisor Sister Gabriella; superintendent of nurses, Sister Rose; and the former graduates. Father Ryan congratulated the graduates and told them to continue in their love for the good they could do suffering humanity. He then presented the graduates with their pins. A reception and collation followed the exercises. The collation was served by the pupil nurses after which several musical numbers were rendered and followed by dancing. The commencement exercises of 1911 will be pleasantly remembered by those participating.

The "Save the Babies" League, of St. Louis, has increased its staff of visiting nurses from seven to nine, making an average of one nurse to each two of its eighteen stations.

These nurses, in addition to assisting the physician, pay daily visits to the homes of all sick babies registered with the league, and incidentally protect the league from imposters.



#### Illinois

Seven thousand babies are being cared for in Chicago by 53 visiting nurses under the supervision of Dr. Caroline Hedger. Ten tents are located in different parts of the city where sick babies are taken in and cared for. The nurses are having very strenuous work, as each nurse has about 250 babies to look after and the best results cannot be obtained under such circumstances. It is said that in most instances the mothers take very kindly to the nurses and their suggestions.



#### Minnesota

On July 26 and 27 the nurses of St. Mary's Hospital, at Rochester, were given delightful outings through the courtesy of the Mayo Brothers. The outings consisted of trips on the Mississippi on the steamer *John H. Rich*, which is owned by the Mayo Brothers. On the first trip the first section of nurses were taken by train to Red Wing, and then by boat down the river to Winona and back by train to Rochester, and on the second day the order was reversed for the second section of nurses. Both outings were largely attended.



#### Personal

Miss Helen Ennis, of Brooklyn, has been appointed dietitian of Bellevue and Allied Hospitals.

Miss Helen Brew, of Norfolk, Va., will act as superintendent of the King's Daughters' Hospital, Portsmouth, Va., during the absence of Miss Florence Leslie in Europe.

Miss Lucy C. Ayres, for ten years superintendent of nurses at the Rhode Island Hospital at Providence, has assumed her duties as matron of the Woonsocket Hospital, succeeding Miss H. E. M. Fensted.

Miss Brenda F. Mattice, superintendent, and Miss Ellen C. Yancey, assistant superintendent, of the Anna Jaques Hospital, Newburyport, Mass., have tendered their resignations.

Miss Mattice has been in charge of the institution about a dozen years and Miss Yancey has been connected with it about nine years.

Miss Bertha M. Pierce, for the past two years matron at S. H. Barnes' Hospital, Susquehanna, Pa., has severed her connection with the institution and returned to her home in Candor, N. Y.

Miss E. A. Loomis has resigned as superintendent of the Pottsville, Pa., Hospital.

Miss Florence Hamilton, the chief clerk, is acting superintendent until such time as a successor is elected to Miss Loomis.

Miss Rose Black has accepted a position as nurse in the Weidner Memorial Home, Jenkintown, Pa., and will enter upon her duties shortly.

Miss Carrie I. Farrington, graduate of Pennsylvania Orthopaedic Institute, '05, and post-graduate of Battle Creek Sanitarium, 1910, has charge of the treatment rooms of the Scarlet Oaks Sanitarium, Cincinnati, Ohio.

Miss Alma Lewis, for the past seven years matron of the Newark Sanitarium, Charlotte, Mich., has been appointed a medical missionary to the southern portion of China by the board of foreign missions of the Episcopal church. She will leave in November for her new work, going by way of Alaska, where she will spend three months in charge of the hospital at Katchikan, putting it on a business basis.

Mr. and Mrs. Samuel C. Ransom announce the engagement of their daughter, Beatrice, to Dr. Charles A. Steurer, of Jersey City, N. J. The marriage is to take place in September, and will



## TYPES OF ANEMIA—No. 8

### THE ANEMIA OF ADOLESCENCE

should never be regarded as unimportant or negligible. The correction of improper hygienic conditions and injudicious habits of feeding should be supplemented by the use of

**Pepto-Mangan (Gude)**

the one especially palatable, non-irritant, readily absorbable, non-constipating blood builder and general reconstructive tonic.

In eleven-ounce bottles only.—Never sold in bulk.

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Samples and literature upon application

M. J. BREITENBACH CO., New York, U. S. A.

Our Bacteriological Wall Chart or our Differential Diagnostic Chart will be sent to any Physician upon application.

## A Drink in Fevers

A teaspoon of Horsford's Acid Phosphate added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

### Horsford's Acid Phosphate

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

be the culmination of a friendship which began in the Jersey City Hospital, where Miss Ransom was studying nursing and her fiance completing his course for the medical profession.

Mrs. Florence O. Gibbs has been appointed superintendent of the Park Avenue Hospital, Chicago. She has recently returned from Boston, where she has been taking a post-graduate course in district nursing under the direction of the Massachusetts State District Nurses' Association, Boston.

Mrs. Gibbs is a graduate of the Park Avenue Hospital, class '06, and a post-graduate of the Massachusetts Charitable Eye and Ear Infirmary, Boston. She was for two years a head nurse in that institution, during which time she had charge of the isolation department where the worst cases of ophthalmia neonatorum are cared for. She was a remarkably skillful and devoted nurse, and many a child was saved from blindness by her untiring care. In these cases the work of destruction is so rapid that everything depends upon the constant care of the nurse, for the eyesight may be totally lost in three days. Mrs. Gibbs considers this the most important work of her life and it is to her credit that while she had charge of those wards many babies were discharged in five days entirely well. She has also spent three years in the study of medicine. The pupils of the Park Avenue Hospital are most fortunate in having Mrs. Gibbs for a superintendent for they will find in her a clever teacher and a kind friend.

Miss Lydia Metz, district nurse of the King's Daughters, of Evansville, Indiana, has been given police powers by the board of public safety of that city.

Miss J. Hartneff is temporarily taking the place of Miss R. Linburg as superintendent of nurses at Mercy Hospital, Kansas City, Mo. Miss Linburg, who is on a vacation, will leave shortly for Toronto, Canada, where she will take a post-graduate course. She will return to Mercy Hospital in three or four months.

Upon invitation Mr. Max J. Walter, superintendent of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, gave several lectures on "Re-educative Gymnastics in Locomotor Ataxia" and on "The Future of Mechanical Treatments Executed Under Medical Direction" to the students of the Chautauqua Summer School of Gymnastics at Chautauqua, N. Y.

### Marriages

The following clipping is sent us from a Panama paper with the request for publication. The bride was formerly a New York City nurse and has hosts of friends in that city.

"One of the prettiest weddings ever witnessed upon the Isthmus was solemnized in Ancon when Miss Jean S. Gwynne became the bride of Mr. John W. Tannehill.

"The bride is one of the most beautiful and admired of the fair members of Ancon society, and the groom for five years has been a trusted employee of the department of Civil Administration, at present being postmaster at Ancon.

"The reception hall at Anconita was artistically decorated with palms and ferns and a lovely picture was presented when Miss Blanche Grove, the bridesmaid, and little Miss Kathleen Reeder, the flower girl, entered, preceding the bride, who was gowned in white, bearing a marvelous cluster of white orchids, upon the arm of Dr. Reeder. The bridal party, to the soft strains of Mendelssohn's wedding march, advanced to a beautiful bower of foliage and orchids and were met by the Rev. J. R. Bicknell, the groom, and his best man, Mr. Crede Haskins Calhoun. The minister spoke the marriage service in his usual impressive manner and the happy pair, made one, turned to begin the voyage of life together, bearing with them the heartiest good wishes of their many friends, of whom a host from Panama and the Zone were present to witness the union of the popular young people.

"The joyous gathering then repaired to the refreshment tables which were exquisitely decorated with rare and beautiful flowers, and drank to the health of the bride and cut the wedding cake with all the time-honored ceremonies.

"Mr. and Mrs. Tannehill sailed for Jamaica, where they will spend their honeymoon."

Miss Mabel Ware and Dr. H. M. Griffith were united in marriage at Wichita, Kansas, June 4, 1911. Mrs. Griffith is a graduate of the 1907 class of the St. Louis Mullanphy Hospital Training School. She is a daughter of Mr. and Mrs. E. B. Ware, of Eureka, Kansas. Dr. Griffith is a practicing physician of Des Moines, Iowa, and a former interne of the St. Louis Mullanphy Hospital. Dr. and Mrs. Griffith will make their home in Des Moines.

On July 30, at Oskaloosa, Iowa, Miss Rosetta Minor to Mr. Calvin Haskins.

On June 21, at New York City, Miss Elsie L. Neusch to Dr. William A. Finady.

On July 19, at Chestnut Hill, Pa., Miss Florence A. Whiting to Dr. Hugh K. Davis.

On June 28, at Toronto, Ont., Can., Miss Mary Ethel Osler to Mr. John Porter.

## GASTRO-INTESTINAL DISEASES

are usually more severe and intractable to treatment during the summer months.

Through the prompt use, however, of

# Gray's Glycerine Tonic Comp.

and careful regulation of the diet, it is always possible to control in short order, even severe attacks of entero-colitis, summer diarrhea or other bowel affections, and impart to the organism the exact tonic stimulation and recuperative power essential for complete and permanent recovery.

Free from all contraindications of age or season, "Gray's" presents all of the virtues and advantages of cod liver oil, or other tonics—with none of their drawbacks.

THE PURDUE FREDERICK CO.  
298 Broadway, New York

# Antithermoline



Relieves  
Local  
Pain and  
Inflammation

(Apply Externally)

NOW SUPPLIED IN GLASS JARS  
RETAIL PRICES

5 oz.	Glass Jars - \$ .25	1 1/4 lb.	Glass Jars - \$1.00
11 "	" " " - .50	5 "	" " " - 2.25

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42 SULLIVAN ST., New York City

When you write Advertisers, please mention THE TRAINED NURSE

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# New Remedies and Appliances

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## Surgical Value of Nemo Corsets

It may seem odd to suggest that a thoroughly stylish and up-to-date corset has decided value as a surgical adjunct, but this is the claim made for certain models in Nemo Corsets not only by the makers but by a large number of physicians.

The models referred to are those provided with semi-elastic bands that were originally designed merely to support the abdomen and internal organs and thus avert the dangers of tight lacing. Practical tests, however, have proved that these elastic appliances function perfectly as abdominal supporters and in some respects are often greatly superior to the usual abdominal bandages, being much less bulky and troublesome.

This function has been made available by the invention of the new Lastikops Webbing, a very durable elastic (or partly elastic) fabric, which is firm enough to give perfect support, yet sufficiently elastic to avoid all harshness.

Thus a style-garment becomes also a health garment, and it goes without saying that a corset which is so perfect in shape and design that it performs an important surgical function must necessarily be equally superior as a garment for women in good health and, above all, for nurses who require very strong and durable corsets that will allow full freedom of movement.

The makers, Kops Bros., New York, offer to send illustrated descriptions on request.



## The Apex Nursery Gravity Washer

For the past generation the manufacturers of the different clothes washing machines have tried in every way possible to alter and improve the construction and principle of their machine as to bring forth a machine that would fill the great need which exists for a small and at the same time a large enough machine to be used at any time in the day and every day in the week without being troubled with handling a full-sized machine. Therefore, the manufacturers of the Apex Nursery Washer take great pride in presenting what they believe to be the first perfect machine that will absolutely meet the demand and need of the public. This little machine should be hailed with delight by every nurse,

but especially the obstetric nurse, for by it many of the disagreeable duties which fall to her lot can be absolutely eliminated. It washes, rinses and blues every kind of garment without the necessity of putting the hands in water, and it can be operated on the sink board, over the toilet stool or on the table. Any nurse who has had experience with this washer will be sure to recommend it in the families to which she is called. Some of the best-equipped nurses' homes have in them a room set aside for laundry purposes where nurses can perform light laundry work for their own use. Nothing could be more ideal for this purpose than the Apex Nursery Gravity Washer and we take pleasure in calling the attention of hospital authorities to it.



## Nurses' Bags

A nurse who is called on a case should make a good impression on arrival, not only in her apparel but particularly in the manner of outfit that she makes her business companion. A very handsome and compact outfit which contains all the articles and instruments ordinarily needed is shown and described in our advertising pages by the Harvey R. Pierce Co. (successors to The Valzahn Co.), of Philadelphia.



## An Agreeable Dietary

We are told that the daily use of Grape-Nuts has a tendency not only to build up healthy brain and nerves, but to exert a beneficial action on other foods taken at the same meal. This is because Grape-Nuts contains the natural digestive element "diastase," *grown* in the wheat and barley from which the food is made—and which *assists* the natural digestive ferments of the body. Many find they can eat, enjoy and thoroughly digest Grape-Nuts when most other foods disagree with them. One can live well on Grape-Nuts and cream or milk alone for a reasonable time. A breakfast like the following is well worth trying and will prove a revelation to many:

Grape-Nuts and cream or milk, eggs (lightly boiled, etc.), toasted bread, fresh or stewed fruit, a cup of Postum.



## Good Nurses and Careful Mothers

are particular about using no other but

### MENNEN'S BORATED TALCUM TOILET POWDER

because it is freely recommended above all others by physicians everywhere. MENNEN'S is the safest and purest of Toilet Powders. It not only **smooths** the skin but **soothes** the skin, not only **hides** roughness and rawness but **heals** them.



TRADE MARK

**Mennen's Borated Talcum Toilet Powder** is as necessary for Mother's baby as for Baby's mother

It contains no starch, rice powder or other irritants found in ordinary toilet powders  
Dealers make a larger profit by selling substitutes. Insist on  
Mennen's. Sample Box for 4c. in stamps

The Gerhard Mennen Company, Newark, N. J.



## K-Y LUBRICATING JELLY

"The Perfect Lubricant"  
for  
Specula, Catheters, Rectal  
and Colon Tubes



Non-greasy, water-soluble, and does not soil clothing or dressings.

Invaluable for sore hands, giving prompt relief from chaps, cracks and the irritation due to use of antiseptic solutions.

A liberal sample to nurses on request.



**VAN HORN & SAWTELL**  
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## Robinson's Patent Barley

Recommended by the leading specialists and physicians.

When an artificial **Food for Infants** is necessary Cows' milk with barley wa'er prepared from **ROBINSON'S PATENT BARLEY** is the most effective food known and easily prepared.

Sold in 1-lb. and ½-lb. tins

An illustrated booklet giving all information about feeding and treatment of infants free on application to

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### "Merode" and "Harvard Mills" (Hand-Finished) Underwear

These two well-known brands of underwear are obtainable in all the high-class stores in the country. They are made by the same manufacturer and you will make no mistake in asking for these brands in preference to any others.

A trained nurse of wide experience writes: "If I cannot get the 'Merode' brand I willingly take the 'Harvard Mills,' as I have had more comfort for less money in your underwear than any I have ever worn. I recommend your goods to all my patients and to my friends in the profession, for smoothness of finish, durability, elasticity and perfect fit. I tell them they will never wear any other make after having once worn your brands." If you cannot get these goods in your town let us know, and we will tell you where they are sold. These brands of underwear are made up in every style, shape, fabric, weight and size. Send for prices to Lord & Taylor, New York City.



### Benger's Food

Benger's Food, when properly used, can be easily tolerated by the most delicate stomach, at least so far as any toleration for food exists. Hence the preparation is applicable to a wide variety of cases and conditions from infancy to old age.

As regards its use in infancy, some difference of opinion may exist as to the age at which it may be given. Containing as it does a minute quantity of unconverted starch, this is by some authorities regarded as sufficient to withhold the food until the age of six months. Such, however, is not borne out in practice and some of the highest authorities recommend Benger's Food as early as a few weeks after birth, more especially in the case of those infants who are unable to assimilate modified cow's milk. It may be affirmed with positive certainty that at the age of three months children put on cow's milk after weaning obtain just the necessary aid from Benger's Food owing to the partial predigestion the milk undergoes during the process of preparation. It is to be given in small quantities, a small half teaspoon to each feed being sufficient.

The other type of case in which this food is especially indicated is that of marasmic babies over three months old, or where digestive troubles are present.

Benger's Food, Ltd., 92 William Street, publish a book giving general directions and recipes for the sickroom, forwarded upon application.

### Cadillac Electric Stove

Use your chafing dish pan on the Cadillac Electric Stove and discard the disagreeable and dangerous alcohol heater. The electric heat is cleaner, steadier and cheaper. In the sickroom it is indispensable. It is a thing of beauty, attractive enough for your dining room on state occasions, strong and durable enough for your kitchen every day.



### Horsford's Acid Phosphate

Instead of lemons or limes in your acid drinks use Horsford's Acid Phosphate. It is more healthful and quenches the thirst more effectually than either. Its use will be found most serviceable for the relief of lassitude and enervation.



### An Improved Adhesive Plaster Dressing

In a paper which appeared in *Surgery, Gynecology and Obstetrics* Dr. C. F. Weinberger says: "This dressing, perfected by Dr. Carl Beck, of the North Chicago Hospital, Chicago, is a most desirable substitute for the roller bandage."

The following features make it particularly valuable to the surgeon:

It absolutely prevents the dislodgement of a dressing and consequent exposure of the wound—so frequent when bandages are used.

The wound can be dressed daily without disturbing the patient or removing the adhesive—no roller bandage necessary.

It can be used to advantage where successful bandaging is out of the question.

It can be adjusted to relieve all tension on sutures.

It is much superior to an abdominal binder.

It can be made to fit the contour of the part; the dressing being always neat and snug.

This dressing is prepared by Bauer & Black, of Chicago, Ill.



### Relief in Neuralgia

The efficiency of antikamnia tablets in neuralgia is beyond dispute and is well illustrated by the following case: An old nurse who had suffered from severe neuralgia at intervals for many years and whose hair had become gray on one side of her head from this cause, expressed herself as having gained more relief from antikamnia tablets than from all of the many medicines which had been prescribed for her. For pain about the head from almost any cause, antikamnia tablets always have undoubted preference over all other remedies. They are a useful adjuvant in the treatment of migraine.

## Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases

The PHILADELPHIA ORTHOPAEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES, in which instruction in massage, corrective and re-educational gymnastics has been given for fifteen years, now proposes to extend and enlarge the scope of this teaching, and offers a course in these subjects which, it is believed, with the great variety and quantity of material for observation and practice at the disposal of the hospital, cannot be equaled in this country.

During the year 1910 the number of treatments given in the out-patient department by pupils in the massage and medical-exercise course exceeded ten thousand. Besides this advanced pupils have opportunities of giving general and special massage to patients in the hospital under supervision of the instructors in the course.

The subjects covered by the course will include instruction in the treatment by massage of general diseases of nutrition, neurasthenia, hysteria, chorea, etc., and by massage and exercise in cerebral and spinal paralysis, infantile palsy, traumatic injuries of the spinal cord, dislocations, joint adhesions, disabilities following fractures, burns, scars, etc.; spinal curvature and other postural deformities, flat foot, club foot, contractures and the handling of locomotor ataxia by precision and coordination exercises.

The instruction will occupy about seven months, beginning in October, 1910. Lectures will be given by Dr. J. K. Mitchell, Dr. Wm. J. Taylor, Dr. G. G. Davis, Dr. Frank D. Dickson and Dr. Wm. J. Drayton, Jr., while the practical teaching occupies from three to four hours daily.

Examinations both practical and theoretical are required at the end of the course.

Those desirous of entering the class, which will be limited in number, should apply to the superintendent of the hospital, who will send a circular with details of the requirements for admission. The fee for this course is \$100.

A shorter course of instruction in the therapeutic uses of Electricity, suitable for pupils, may be taken with the mechanotherapy or separately.

This course lasts four months, and the fee is \$25.

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No bed can be considered sanitary where a mattress pad is not used, as the cotton or linen sheet alone is not sufficient to protect the mattress from the excretions from the glands of the skin, and where a pad is not used the mattress soon becomes unwholesome. But we want a pad that is not only a protection to the mattress but a comfort to the individual. Some pads are practically unfit for use after washing as the cotton rolls up, becomes knotted and in ridges. The difference between the Excelsior Pad and others is most marked. In the Excelsior the quilting is so scientifically done that the cotton cannot roll up, and it has the beautiful quality of the quilting of our grandmothers, now almost a lost art. These pads also possess an elasticity and a feeling of luxury which is soothing and restful to one whether well or ill. The discomfort of the rubber sheet, which is a necessity on the beds of infants and many invalids, is entirely removed by the use of these pads. The nurse will find that the sensitive patient "who cannot stand the rubber sheet" will not be aware of its existence by the use of the Excelsior Pad. Properly washed they will remain smooth and soft and as good as new.



### The Need of Care in Selecting Rubber Supplies

It is a healthy sign of the times that physicians are exercising so much more care in the selection of their supplies and apparatus. Take, for instance, the question of rubber goods. At first thought one would hardly think that there could exist wide enough variation in quality to make care and discrimination as important as they are in the selection of catheters, syringes, hot-water bags, ice coils, and so on. The most cursory comparison of the rubber goods bearing the Alpha brand and manufactured by Parker, Stearns & Co. will show beyond all question the vast difference between goods made to sustain a prized reputation and those made only to sell. The evident superiority of Alpha rubber goods is not only manifested by the notably better quality of the rubber employed nor yet by the finer finish and higher grade of workmanship, but it is continued and prolonged usage that tells the story and shows how greater durability and wearing value constitute the real difference between Alpha rubber goods and most other makes. It takes no argument, therefore, to demonstrate the wisdom of specifying "Alpha" in purchasing rubber sundries.

### The Vacation Danger

It has often been advanced as the reason for the seasonal prevalence of typhoid fever in the cities during the autumn months that among the home-coming throngs many are in the incubation period of the disease, contracted at unsanitary country houses, farms and vacation resorts. In any event, September, October and November seem to be the months in which the disease is most rife. The prolonged course of typhoid and the milk diet necessary during the febrile period are usually responsible for a considerable loss of flesh and strength, and the patient is therefore almost always pretty well devitalized at the beginning of convalescence. In conjunction with liberal feeding, Pepto-Mangan (Gude) is of distinct value as a general tonic and reconstructor during the convalescent period and may be safely commenced early, as it is entirely free from irritant properties and does not disturb the digestion nor cause constipation.



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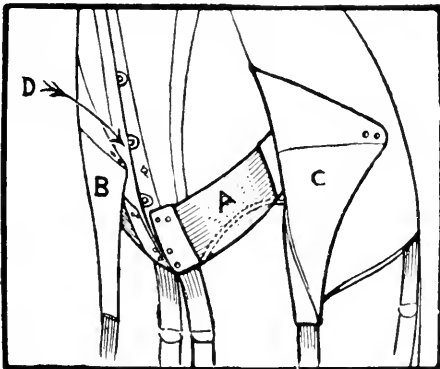
Although essentially a *style-corset* for women of stout or medium figure, these Nemos are being "prescribed" by eminent physicians for wear after abdominal operations (in place of the usual bandages); also for women of every figure who, for any reason, require complete, steady and sure abdominal support.

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You can learn more of Sanatogen in a booklet just published by the Bauer Chemical Company, New York, for the particular use of nurses. A copy will be sent free on your request, together with a sample of Sanatogen.



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No trained nurse can afford to go on any case without a tube of cold cream in her bag, and those who do not carry cold cream are probably unaware that when there is little time for sleep and the skin is hot and dry, a massage, no matter how quickly it must be done, with cold cream used on a hot wet cloth will refresh the skin and keep it soft in spite of the intense fatigue.

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### Successful Treatments of the Anemic

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For this reason many of the most skilled practitioners prescribe a first-class malt tonic, as the toning of the hops is at once supported by the nutriment contained in the barley—the most sun-loving of all our grains—and symptoms of recovery at once make their appearance.

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### Capsheaf Safety Pins

Do you know that there is a safety pin made without a coil spring? Every nurse has had trouble with the pins getting caught in the fabric and often been delayed at a time when delays were dangerous, trying to disentangle the troublesome pin. Send for a sample card of the "Capsheaf" safety pins; write your name and address on a post card and send to 101 Franklin Street, New York City, and you will receive a card of pins to test for yourself.



### Post-Graduate Work in Orthopaedics

The general public and parents in particular are awakening to the ravages due to inattention and neglect in children. By far the larger part of deformities, especially spinal curvature, is acquired and not congenital. Recognition of this fact and the knowledge that nearly all deformities can at least be benefited, if not cured, by adequate treatment have created a large demand for scientifically trained operators who are able to properly treat such conditions. The average training school for nurses has neither opportunity nor the material to take up this study. Therefore nurses desirous of preparing themselves for this work have to look elsewhere for special courses. The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, has for years made a specialty of this kind of work in its training courses in Mechano-Therapy. Large clinical material gives the student ample opportunity to study these conditions under the careful guidance of capable instructors. Nurses interested in these courses are advised to write to the superintendent of the above institution at 1711 Green Street, Philadelphia, Pa., for further particulars.

# The Trained Nurse and Hospital Review

VOL. XLVII.

NEW YORK, OCTOBER, 1911

No. 4

## The Nurse's Religious Problems and Opportunities

ANNETTE FISKE, A.M.

PEOPLE are apt to look upon the dark rather than the bright side of life, and there is always enough that is dark to be found when one is on the lookout for it. The nurse sees rather more of the seamy side of life than most, and if, as some maintain, the pictures of sickness and poverty and sin that she sees overwhelm her and wipe out all belief in a good God, it is small wonder, when conditions seem so different from what one would expect a loving Father to provide. If, however, she will transfer her emphasis from the sorrow and sin of the world to the possibility of its diminution, if she can be given even a slight understanding of the great problems of life and religion, we believe that her religion and faith will be strengthened rather than destroyed. It is with considerable humility, but in the hope of saying something that may prove helpful to those to whom the misery of the world is overwhelming, that I offer a few suggestions to explain some of the more serious problems that face the nurse in her professional life, especially in the hospitals and in district and social work.

First of all, what is the nurse's conception of God before she takes up her work? "As our loving Father, of course," she will say. "Our loving Father"—does she realize all that those words imply? Does she realize

that if He is *our* loving Father, He is my Father as well as hers and that she and I are sisters? That He is Father of the poor laborer and of the fallen girl, who by that relationship become her brother and sister? If they are her brother and sister, what is her duty to them? Ah, but if God, their Father, who is all-powerful, allows them to have so miserable a lot, if He does not heed them, why should she? How, after all, can He be such a loving Father? Here is one of the greatest problems, perhaps *the* great problem, a problem as old as the world, of the presence of sin in the world and the apparently comparative indifference of God to its existence. If He loves His children, why does He allow it?

Yet it seems as if something like a satisfactory solution of this problem can be found, a good working basis at least from which to gain courage and cheer. For what is God's instrument of salvation and help but man? The whole doctrine of the Christ means practically that God works through man. The essential thing is for us to realize that the bettering of the world and its conditions rests by God's mandate upon mankind and so in part upon us individually. God is not indifferent to the misfortunes of man, but He depends upon His inspiration in the hearts of men gradually

to reduce sin and suffering and introduce better conditions. As we look about us, how much good we see being done in response to His inspiration, oftentimes by those who are perhaps no better able to do it than we! Are we doing our share? What do we accomplish by saying, "Ah, what awful sin there is in the world. There cannot be a loving God when such conditions exist." Rather let us look to all the good that is being done, and say: "I will go and do likewise. Here is a field where much needs to be done, where conditions are very bad and there is much misery and sin, but I have strength and ability of a kind and I will use them so far as I can to better things." It is fatal to dwell on the hard and disagreeable. It paralyzes all effort and causes unhappiness and despair. It is the good that exists and the greater possibilities for good that need emphasis. Do not look for trouble, there is enough close at hand. Dwell upon that at hand only that you may remedy it, and that you may realize your own many blessings. And if the misery is your own, seek out others that are worse off and try to better their lot. Your own troubles will dwindle under such treatment and become of small importance.

Is God a loving Father? Think of this wonderful world in which we live and of all its wonderful natural resources, its woods and fields, its rivers and lakes, its mountains and valleys, its plant and animal life, and think how man has through the generations been made master of it all, how he has been given the knowledge, or, rather, been allowed and encouraged to gain the knowledge, that makes him master of practically all of them for his own uses. Think of the wonderful laws which rule all animate and inanimate nature and which man has been gradually making his instruments. Think of the spiritual growth there has been since the earlier ages of the world and how ideals and principles are constantly being raised. Think how much better the world really is

now than ever before, despite all the evil that yet remains, and thank God for His many mercies and for the great opportunity He lays open before you. We owe a great debt to the generations before us, who have won us our advantages and made the world a better place to live in, and we must pay that debt by carrying on the good work and doing our share toward the bettering of the world. The reward—I will not call it the penalty—of growth and capability is increased responsibility. The more one knows and the greater one's chances have been in life, the greater his obligations to his neighbors, especially those who have less than he.

And how shall we help these people, our neighbors? I shall say nothing of those we meet in our own walk of life, who have had equal advantages, nor of those with greater chances, for these we understand as a rule and it is not difficult to show them courtesy and kindness and a spirit of helpfulness. It is those with fewer chances who especially need our help, but whom we find it hardest to help or think least about helping. And, perhaps, the greatest stumbling block is a lack of understanding. How many look upon these people of lesser opportunities as of a different nature! After all, they are men and women and they have their good as well as their bad points, much as you and I have. They love their wives and children as dearly, and they try to earn a good living for them and make them happy. Wherein, then, do they differ from us? Simply in their ignorance of the natural laws of health and good living, and of the refinements of life. Yes, and often of the moral obligations of one to another. Frequently, however, crime is the sequel of poverty and ill health and despair. Let us treat them as we would wish to be treated by those who have had better chances than we have had; as a man and a brother, let us study their needs and real causes of their shortcomings, and lend a helping hand. Don't regard all your

patients in the hospital wards as a set of ruffians, weaklings and cranks. Perhaps you would be a crank or worse yourself if you had been brought up under the same conditions. Learn from them how they live, so far as you can, what their temptations have been, and try to picture yourself under the same conditions. It may make you shrink in horror, but it may also bring home to you what reasons lead to the development of such characters and may set you to thinking of ways to remedy the conditions. I doubt very much if many of us would indulge in more bodily cleanliness than we find in the slums if we were brought up under like conditions, and who shall say how much more moral cleanliness we would maintain? Judge not that ye be not judged, is a very good rule to follow. Suspend judgment till you know all the circumstances and the desire to judge will probably leave you. If you search far enough you will find a reason for most things in this world, and you may be pretty sure that there are reasons even where you do not find them. Cause and effect—that is one of the beauties of a universe governed by eternal laws. You can so often find the cause to which a certain effect is due, and, if desirable, remove it. There are causes for all the evil conditions that arouse horror and despair in people's hearts. The world is not perfect yet—far from it. It is in a state of growth and there are many defects to be overcome. Those who are truly religious and have faith in God's goodness do not fritter their time away in despair and lamentations over the wickedness of the world. They busy themselves with hunting out the causes of the wickedness so far as they may and in applying remedies. Sometimes they find the right remedies promptly and sometimes they are very long in doing so, but, at any rate, they are doing their best to better the world and they gain happiness and courage from their work.

Why do so much sickness and poverty

and crime exist? Why is man man and not a god? It is not that man has fallen, but that he is working his way up from humble beginnings through evolution to higher things. Is man's imperfection any reason for saying there can be no living God? If we were all perfect, we would all be equal to God and have no need of Him. It is because of our imperfection, our liability to temptation that we need Him and look to Him, and His help is ever at hand. As you look about the world, is it not those who have accepted His laws and tried to abide by them, who have sought wisdom and temperance and justice and mercy and have loved and cherished their neighbors, who have been happiest themselves and made others happiest, who have been a real force for good in the world? Where people are ignorant of His laws or indifferent to them, even though they may succeed from a worldly point of view, life is not really sweet to them and they can do small good in the world. However the wicked may flourish financially, they do not gain real happiness, nor, as a rule, make others better or happy—that is, they do not flourish spiritually.

As for the poor with their misery, many, in this country at least, have been here but a few years. They come from countries with fewer opportunities, where ignorance rather than knowledge is the order of the day for the masses, and they often come from an open country life to the crowded life of our city slums. High prices make them live in overcrowded tenements, and they do not know how to adjust themselves to the new conditions. The mothers, perhaps, go out to work, and so cannot nurse their babies, and artificial infant feeding is an unknown field to them, so that it is small wonder if many babies die. It is not because their mothers wilfully neglect them but because they do not know and there is no one to teach them. They love their babies, but they do not know how to care for them under such conditions. Many cases of adult sickness are due to a

similar ignorance, and the poverty is frequently the result of the unfair advantage taken by the wealthy employer, the *successful* man. It is over his shortcomings that the tears need to be shed more than over those of the poor. And crime! Well, there are probably some with a natural perversity that is incurable, but many a one slips up when exposed to strong temptation who repents it as long as he lives. As a minister once said: "But for the grace of God there goes John Newton." Under other circumstances *we* might have been criminals. Under better conditions *they* might not have been.

Oh, the bareness of those lives! An eternal grind of work to win the daily bread and no relaxation or pleasure! Imagine a home with no pictures, no music, no books, none of the refinements of life, where the bare necessities are won with difficulty, and half a dozen children keep the wife busy while the husband is working all day for \$8 or \$9 a week! Both are too tired by night to go out anywhere, and they cannot afford pleasures that cost, and they know

nothing of home amusements, even if they had the money to afford the means to indulge in them. What would you be like under such circumstances? Perhaps you do not think it as bad for them as it would be for you, and I grant that they often are not fully conscious of what their trouble is, but it frets them unconsciously and accounts for much of their misery. A little relaxation and pleasure would be a great boon in their lives and a few home resources would help wonderfully. The social worker with the true spirit of sympathy has here a wonderful opportunity and the nurse shares it with her. Let her help these people a little in the true spirit of Jesus and surely her heart will warm and her faith return. Let her be of good courage and keep her mind fixed upon the blessedness of the opportunity and the possibilities of helpfulness, regarding the misery only as a passing phase from which she can help them to win their way out, and her pessimism will disappear and the world become bright with hope.

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### DON'TS FOR THE PRIVATE NURSE

Don't dillydally after you get a call if you want doctors to depend on you. Get to the case promptly or say at once that you cannot be there for several hours.

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Don't imagine that you can discipline a patient in his own home as you would in a hospital ward. It can't be done.

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Don't expect your patients to provide you with special appliances or tools for your work. Every doctor has his own appliances, every carpenter and plumber has his kit of tools. Have yours also.

Don't neglect to keep your hypodermic syringes in good working order. Apologies will not make up for time lost in an emergency, when a hypodermic is badly needed and yours will not work.

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Don't forget to study your patient. Humor his likes and dislikes when it makes no difference.

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Don't fail to keep a good stock of uniforms so that you will always have a set clean for a sudden call. Nurses have often lost a hundred-dollar case by not having a clean uniform when a call came.

# Tuberculosis and Poverty

M. HELEN SCHLOSS

WHILE there has been a great deal of agitation with regard to the subject of tuberculosis, while nations have been stirred and there has been a general awakening throughout the world regarding the disease, and while a great work may be said to have been done, still the social student knows that the tuberculosis question will never be solved in the fullest sense of the word unless poverty can be abolished.

It is the tuberculosis nurse and, in many instances, the physician who have the best opportunity to learn the true situation. The tuberculosis nurse starts out on her round, well furnished with stock phrases of advice to offer to her patients—plenty of fresh milk and fresh eggs, an abundance of fresh air, outdoor sleeping and a country life. And at once grim poverty stares her in the face. She enters a crowded tenement apartment and sees a sick mother moving feebly about, with her little children hanging to her skirts. On the table are the remains of the family dinner—bread, potatoes, and signs of there having been a little meat, but very little, for the price of meat is high and there are many little mouths to feed. The husband works in a shop and may earn from ten to fifteen dollars a week, but illness and medicine cost a good deal of money, and the rent and the gas bill are still unpaid. The house is dirty, for the poor invalid is unable to scrub and clean, and the children are too small to help with the work. The nurse recommends extra milk and fresh eggs, she will send in a recommendation to the charity organization. She advises fresh air, but the patient, who is in the last stages of the disease, with impoverished blood and poor circulation, suffers a great deal from cold and dreads the thought of the outer air.

The nurse cannot linger here long, for there are other cases in the same tenement, and she must manage to see a certain number of cases each month and report on them to the health department. But the health department does not ask whether the conditions in the homes have been relieved or whether the visiting nurse's instructions have been carried out, and all social workers know that the great majority of the ignorant population do exactly as they please as soon as the visitor's back is turned.

If the tuberculosis nurse is one who has a love for humanity and a desire to infuse her personality into her work, she soon learns that it is useless to have ideals and better not even to have feelings. She cannot cope with this grim, stern master, poverty. As she walks through the streets on a hot summer day she sees humanity gasping for a breath of cool air, the little children sitting on the curbstones to get cool, or running after the street sprinklers in order to get a little cool water. The few small parks on the East Side are crowded with women and children, but the vast majority of the population swarm into the streets.

Among such conditions the consumptive poor must live, and for those in the most advanced stages of the disease there is least hope, for very few institutions will receive advanced cases. What is the tuberculosis nurse to do? Just gather statistics and earn a living? A mighty hard way of earning a living it is compared with work in a private sickroom. Nor does her inner life gain greatly in richness if, for the sake of the greater freedom and easier hours that tuberculosis-visiting nursing will give her, she continues in the work. The conscientious nurse may do all that is in her power to

improve conditions a little and she can take a personal interest in the children, but the actual results are so small that the heart grows weary of fruitless efforts and the sight of suffering.

Perhaps the grange tuberculosis work makes a strong appeal to one weary of poverty, congestion and degradation, and she turns with fresh hopefulness to the cool, northern country, near Canada, leaving the crowded cities behind. Here, she thinks, is a more favorable field for a tuberculosis campaign, not alone for relief work but also for educational effort. Here she can secure better nourishment for her patients, here tent life in the open may become an actuality instead of an impossible dream. Here the trained nurse, with her new ideas and her broad view of life and modern in every sense of the word—modern enough even to have had an attack of appendicitis herself—should be able to do a good work in the fresh air and sunshine. The doctors in the little village where she has landed tell her that there is no tuberculosis here, that the place is perfectly healthy, but she finds that the people suffer not alone from tuberculosis but from all the other diseases to which flesh is heir. She finds poverty and ignorance in the beautiful northern country, where the sun rises and sets in glorious array, the mountain peaks are the greenest green in the summer and the whitest white in the winter, the birds sing and build their nests happily, and in June the roses fill the air with wonderful odors—to the visitor the place seems a paradise compared to the crowded city, and life appears to be one joyous dream.

The trained nurse soon learns, however, that the stern taskmaster, Poverty, haunts the world like grim death, and that ignorance and superstition prevail in town and country alike. The poor country people have, as a rule, no farm land of their own, their small patches of ground are usually rented. The men are, in general, common

laborers, and the highest pay they can earn in the northern part of the country is about nine dollars a week. Oftentimes the women also go to work in the mills or factories, but more frequently they go out working by the day. The children come fast, usually as fast as nature will allow, and as the family increases there is more demand for food and clothing, but the family income does not increase to correspond with the demands upon it. In fact, it is more likely to decrease, as the woman grows weaker with child-bearing and child raising and is less able to do outside work. And in many families the man patronizes the saloon every night in the week and spends half of his earnings on drink.

As the visiting nurse goes about she sees large families huddled together in little huts, the little children with pinched, starved faces, the older people careworn and prematurely aged. They know nothing of modern ideas concerning health, and they look askance at the visiting nurse who comes into their community to disturb their peace. As she sits and talks to the women in a heart-to-heart manner, telling them about the healthfulness of fresh air, advising them to bathe the children, and instructing them as to a diet that shall be more wholesome and at the same time cheaper, she finds but little response; they are too tired to grasp her meaning and they view her with suspicion, not understanding her presence among them, and half fearing her because she looks like a lady and wears a hat. And, on her part, the nurse asks herself in wonder how people who live in the glory of God's sunshine can look so stupid and like the dumb beasts of the field.

It is true that they have fresh air, the lovely babbling brook runs near their little gardens, some of the thrifty ones have hens, and through the summer they manage to get along. It is in the winter that their time of greatest suffering comes. And here there are no hospitals, no relief stations, no char-



itable organizations, no settlement workers, no philanthropists—with the exception of a few church workers, no one knows the true condition of these people.

The poor in this section of the country have no way of lifting their heads above water. They do not understand the meaning of a bank account, they earn their wages and spend them all. The women cannot sew, nor do they understand economy. Some of them acquire the vices of drinking and smoking, and in the small towns and villages a good many young girls learn to walk the streets at a very early age. Clothes are sewed on early in the fall, to remain on all winter, and if the schoolteacher or the visiting nurse suggests a bath and a change of clothes for the children there is usually a good deal of scolding on the part of the parents. Work among these people is a constant struggle with superstition, traditions and fears. No new-fangled notions for them. They do not fear smallpox as the better educated do, though an outbreak of the disease occurs among them at intervals, and they regard scarlet fever as merely a red rash, and tuberculosis as only a cold.

The tuberculosis nurse lies awake at nights thinking and planning how to uplift and help these unfortunate people. She is willing to sacrifice much for this cause, but she cannot help feeling that all her sacrifices are in vain, her words like those of one crying in the desert. Oftentimes she rebels against existing conditions, only to gather herself together again and continue the struggle.

What is the cause of such conditions? Is it the vice of the poor? No, for we see vice among the wealthy also. Wealth will cover

a multitude of sins. Vice and poverty together, however, make a straight road to destruction and degeneracy. The whole nation feels the consequences, for as truly as the whole body is affected by the disorder of a single organ, so does the whole community suffer in the suffering of one part of it. The results may not be felt immediately, but when we project ourselves into the future and consider what the new generation will be that shall spring from these diseased and drunken parents and these poverty-stricken homes, we see the truth.

We are gradually awakening to the fact that we must take care of our tuberculosis patients in order to save ourselves, but we have not yet come to realize that the main cause of tuberculosis is poverty. Cases among the ignorant poor cannot be safely left in their homes; their only hope lies in removal to institutions where they can be taught how to live in a hygienic way. We have not as yet got to the root of all the evil, and so only a little can be accomplished at a time.

The tuberculosis-visiting nurse can see that unless the lives of the people can be improved no great work can be accomplished. She has unusual opportunities as a social student, and may become a very strong factor in social work. To this end, however, any community desiring to employ a visiting nurse should not be satisfied with a woman who is merely seeking a position with easy hours, but must find one who has the instinct of the true social student, an absorbing love for humanity and a willingness to sacrifice her own little comforts for the future welfare of the people.

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# Hospital Publicity

CHARLOTTE A. AIKENS

(Continued from September Number)

ADVERTISING has been defined as "the art of making people want things." The main reason why a hospital needs to consider the subject is because it wants more people to give toward its support or extension. If it is to accomplish this with any great degree of success, it must study the "why" and "how" of advertising, just as any successful business firm does. As there are many forms of advertising which it may not use, it should therefore give the more earnest study as to how best to use the methods at its command so as to accomplish the desired result.

Those who have money to give have presented to them in the course of a year a great diversity of interests or causes, most, or all, of which are worthy. It is but natural that those thrust most persistently before the notice of possible donors should receive first and best attention.

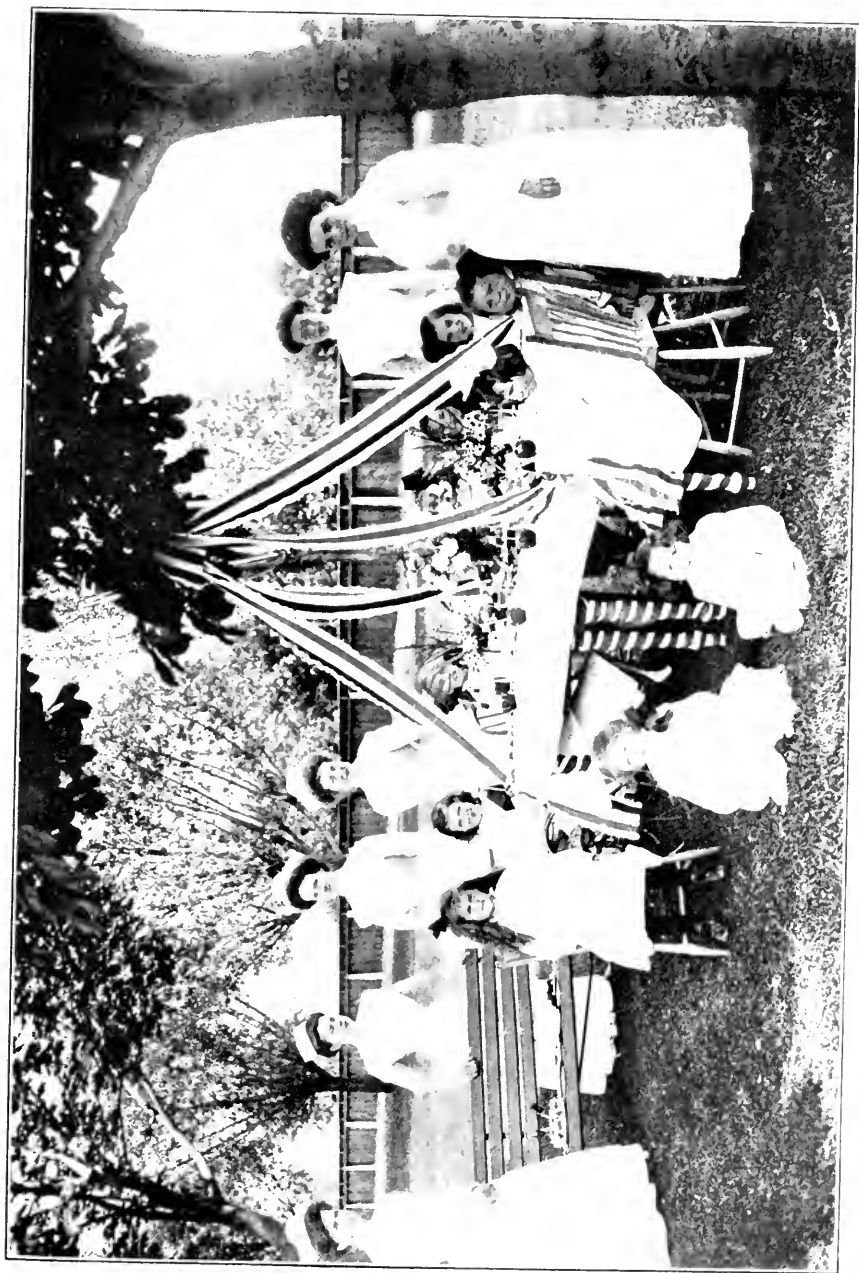
In a previous paper the value of the co-operation of the local press in promoting hospital interests was discussed. Next to that would come mailed advertising. Many would put the mailed advertising matter first, but if the number of people reached by an appeal or statement of needs gives claim to first place the newspaper would certainly be second to none. It is safe to say that however large the mailing list of the hospital may be, it does not include a great many who are in a position to help the hospital in various ways, and the press must be depended on to bring the needs and claims of the institution before these.

It goes without saying that every hospital which is dependent in any degree on voluntary offerings should have a mailing list, kept up to date as far as possible, and added to every month. If the hospital is not making new friends every month in the year

then there is something wrong about its methods. If it is making new friends, it should aim to keep in touch with them and to increase their interest in the hospital in all legitimate ways.

Some hospitals have adopted the plan of issuing a little quarterly or monthly leaflet or booklet or folder, which fits into a 6½- or 7-inch envelope. This folder contains condensed news of hospital progress, brief items on perhaps a dozen or more different topics relating to the hospital, the installation of a new sterilizer or electro-threapeutic apparatus, or a refrigerating plant, for instance, the number of free patients cared for or the approximate amount spent in free work for the month, the need for more nurse candidates, or the number who graduated, the number of surgical operations performed, the need of more accommodation for obstetrical patients or children, or any other class. This method of publicity has much to commend it. It aims at taking the public into the confidence of the hospital people by letting them know of the work that is being done and the needs. It selects from the varied hospital happenings of a month those ten or a dozen points which are likely to have a convincing or appealing interest.

The leaflet or folder method of advertising also allows scope for an occasional short "human-interest" story, which for various reasons it might not be desirable to give to the daily press. If the hospital expects financial support from the people of a community it cannot afford to be *passive* in the matter of furnishing news. It must decide what kind of news about itself it may legitimately publish, and then be *active* in publishing it. The only reason why hundreds of hospitals are not in better



THE TABLE OF THE CHILD WHO RECEIVED THE PRIZE FOR TABLE DECORATION, ON CIVIC HOLIDAY,  
HOSPITAL FOR SICK CHILDREN, TORONTO

financial condition than they are is because they have failed to let the people know, have used wrong methods of publicity or have wearied in well doing. What business firm would expect to succeed if it pursued the publicity methods of some hospitals? If, for instance, it sent out its announcements once a year only and expected the people to keep its needs in mind?

It is the custom in most hospitals to issue an annual report, which is mailed to a select list of hospital supporters and friends. Much labor and considerable money is spent every year in compiling this report. Page after page is devoted to medical and surgical statistics, the value of which is very decidedly open to question. Certainly as a means of educating the general public as to the real work done in the hospital the effort fails, because the general public won't take time to wade through the first page of such statistics. If the figures have any interest or value it is to physicians, and the majority of these will tell you that they rarely, if ever, make use of these statistical tables. But somebody in the past started the custom, and, one after another, hospitals have perpetuated it. If the question were asked: "What returns do you expect for the time, labor and money involved in the preparation of these elaborate medical and surgical statistical tables?" it is probable that nine out of every ten superintendents would be unable to give a satisfactory answer. Some would probably say: "The doctors expect it." Perhaps they do, because the custom has been established, but do they use these statistics sufficiently to pay for putting them into type? In most hospitals the answer would be: "They do not," and for those doctors who do desire them the uses for which they are desired could be fully met by having the tables typewritten and filed for reference. Some teaching hospitals might furnish exception to this rule, but certain it is that people in general, including physicians, are but very

slightly impressed by this imposing array of diseases treated.

Since the annual report is desirable, in that it furnishes an account of the stewardship of those entrusted with the management of the hospital, since it furnishes the great, often the only, effort of the year along publicity lines in many institutions, and since it represents a considerable outlay of money and labor, a good deal of study should be devoted to its makeup that it may not only be a readable account of stewardship regarding money entrusted to it in the past, but that it may help to pave the way for contributions that are desired in the future.

What is true regarding elaborate medical and surgical statistics is also true of elaborate tables regarding expenditures. The general public is not interested in knowing what the hospital paid for crockery and glassware, soap, or ink, or a hundred other things often found listed in tables of expenditure. A great many are interested in knowing the average cost per day for caring for each patient, what proportion of the patients are free, part pay, and pay patients; the daily average number of patients cared for, and the total for the year; what it costs to maintain a bed in a free ward or private room; what it costs to train or to maintain a nurse, and what new plans the institution has. These facts should be clearly and concisely stated well arranged in short paragraphs with distinctive headings if they are to be read.

The value of photographs as a means of interesting the public in hospital work is coming by slow degrees to be recognized, but the majority of hospitals have yet to be awakened to the value of this means of calling attention to the work being done. When photographs are used in the hospital report very often they are the stiffest-of-the-stiff kind, without one thing to attract more than a passing glance. There is nothing particularly interesting in a picture of



SHE'S MY NURSE



SOME OF THE LITTLE ONES

a private room in a hospital or of an operating room, for instance. Even pictures of wards with rows of beds are so common as to have lost their appeal to the public. No picture nowadays that has not in it something of "human interest" is going to be much of a factor in creating interest in the reading matter which it accompanies.

In the use of the camera to promote interest in hospitals, most institutions could learn a good practical lesson from the Hospital for Sick Children, Toronto. Every page in the annual report of that institution makes its own appeal through its photographs of children in all poses and stages of recovery. If you had money to give to a hospital and sent for the reports of two institutions to secure light in deciding which one you should give to, which would make the greatest appeal to you—a report such as the Hospital for Sick Children issues, that insists on the public seeing through the printed page the human material which it is helping to improve and save and put in good physical condition for life, or one with pages of dry statistics with perhaps an attempt at illustration by showing a picture of a room or bed, not different in its general makeup from thousands of other rooms and beds and wards? Let your imagination help you to play the part of prospective benefactor in a state of indecision as to which institution to remember in your will. You would be a most extraordinary or abnormal individual if you did not decide without much hesitation in favor of the institution which introduced you to its patients through the camera. Of course, a children's hospital has, perhaps, more freedom than other institutions in the matter of photographs. No institution would be justified in photographing adults quite so freely or clearly as the children in the pictures are shown, but in every hospital there is a considerable range in which the camera may be legitimately used to enlist the sympathetic interest of the public in what it is

doing for the common good. Most general hospitals have a children's ward. Instead of showing simply the four walls of the ward and the beds, why not use the children who have been helped back to health and saved to the community within those walls, and let them make their own appeal for the whole institution.

A notable advance may be seen in this respect in a number of institutions. The Presbyterian and Post-Graduate Hospitals, of New York, are good examples of the advance made in the annual report by a judicious use of the camera. Several others might be mentioned, but the majority of hospitals are still asleep as to the value of this method of reaching the hearts and pockets of the great public which they are endeavoring to serve. The picture reaches people of all nationalities and all ages and brings one at once into close touch with the reality. It speaks in all languages if we give it half a chance.

In deciding to enlist the aid of the camera in helping you to get the eye and ear and sympathy of the public, don't depend very much on amateur photography. It does not pay to give out good money for a poor picture to be made into a cut, for a poor photograph will appear poorer still when it has been put into print. Select one capable man as "official photographer" for the institution and let him know that this isn't simply a single order that he is to get, but that if he studies the art of using the material you have so as to appeal to the public in the strongest way there will be frequent calls for his services—that it will be a picture story, continued at intervals for an indefinite time. Then study the details yourself. Study some of the most "successful" human-interest pictures in the hospital reports mentioned and any others that come your way until you work up a real enthusiasm for hospital photography. Economize in other ways, but don't try to economize by employing a cheap photographer.

Some time ago a group of social workers discussed the question as to the advisability of using the pictures of their most appealing "cases," or of any cases they had helped, in printed matter sent out in their own community. The suggestion was made that there could be no possible objection if an exchange of photographs was made between two organizations, the Chicago organization exchanging with Boston for instance. Be that as it may, there is no denying the value of the photograph in spreading light and knowledge of hospital work and needs, and there can be little question of the folly of continuing to publish photographs of *inanimate* things when our place is full of interesting human things ready to make their own appeal in behalf of the institution which has played the part of good samaritan to them, if we will only give them a chance.

Reverting again to the matter of mailed printed appeals as an important means of hospital publicity, the hospitals can make any written appeal a thousandfold stronger by accompanying it with a folder showing some of the human material which has been through its repair shop, selecting, of course, those who are little known and who will take it as a compliment to be photographed or a chance to do you a favor in return. You can find hundreds of such in the course of a year if you want to find them.

The Chicago Visiting Nurse Society is one of the largest and most aggressive in the country. It believes in letting the public know what it is doing and what it needs and could do if the public provided more money. Its printed folder showing perhaps twenty typical cases and families which the nurses have helped within the year is one of the most appealing pieces of printed matter that has ever come into the writer's hands. Under each picture is told in a few lines the main facts about the case, the number of children in the home, the scanty wages earned, the length of time

perhaps that the patient had suffered, and what the nurse was able to do. There is no reason why the hospitals should not use the picture folder in precisely the same way, and vastly to its own benefit as well as the benefit of the public. Suppose, for instance, the hospital showed the picture of a pair of club feet which have been straightened—before and after. There are thousands of people who do not know that such work is possible, or that the deformity of a hare-lip can be removed, and apart entirely from the good that may come back to the institution in increased power to do good there is bound to come of the circulation of knowledge in this way healing and help to some individuals who would otherwise go through life with a handicap.

The hospital world has never set itself seriously to consider the question of publicity. It has, as a whole, assumed a passive rather than an active attitude in the matter, contenting itself for the most part with an annual report of its stewardship. It is high time to wake up.

There are other ways of establishing yourself in the confidence of the public and of creating interest which every locality must find out for itself and use as opportunity offers. The pulpit can be made a potent ally. Civic and fraternal and religious organizations may be invited to visit the institution frequently, and explanations given as to why extensions are needed, why the equipment in any department is inadequate, what you need and what such improvements will cost. Tell them the truth and get their names to add to your mailing list. Supply them with printed matter at intervals. Let us realize once and for all that the work we are doing is a work for which the community is responsible, that it cannot be accomplished by a few or without the support and cooperation of the community, and then we will realize more fully the necessity of publicity and study to use all legitimate means to secure it.

# Gymnastics for Nurses in Training

MAX J. WALTER

Superintendent of the Pennsylvania Orthopaedic Institute, Philadelphia, Pa., Lecturer to the Nurses in Training at the Philadelphia General Hospital, St. Mary's, Mt. Sinai, Northwestern Hospital, Cooper Hospital, Camden, N. J., etc.

IT IS a well-known fact that no profession is more exacting and fatiguing, both mentally and physically, than that of the trained nurse. No vocation requires more self abnegation, personal enthusiasm and constant application, with often but small financial returns, appreciation and realization of expectations.

The more willing, conscientious, capable and considerate the nurse the more abused she frequently is by her best friends, who mean no wrong but are simply acting from self interest, at the same time imagining that they are conferring a favor upon the individual nurse whom they prefer, therefore usually employ in all important cases, overwork and ultimately break down. Her very popularity spells longer hours of duty, less sleep, greater fatigue and more certain and rapid mental and physical exhaustion, unless proper precautions are used to avoid these. Her own conscientiousness, ambition, capabilities, desire to please and possibly gratified vanity in being preferred to others make her forget her first duty toward herself, that of self preservation, while her employers, physicians and friends carelessly abuse her willingness until suddenly, frequently too late, it dawns upon them that they have contributed their share in undermining the health and mind of their best ally and assistant.

Now the questions arise: How can this be prevented and how can we assure the nurses' permanent health during the trying course in training and after their graduation?

The usual answer is: By physical culture.

While probably not incorrect, it is at least very indefinite. These two words are used in connection with so many different ideas and systems that they no longer con-

stitute an answer, unless fully explained in each and every case, for there are hardly two words in the English language more stretched and more misinterpreted and abused than these. What constitutes proper physical culture in one case may not at all suffice in others, and again might mean fatigue due to overexertion and therefore temporary, if not permanent, harm in still others.

It therefore becomes our duty to be more specific and to lay down certain rules which, however, dare not be arbitrary, but must be modified and altered to suit each and every individual weakness, peculiarity and idiosyncrasy of the patient.

We will now endeavor to first give certain rules for maintaining the general health of nurses, next give directions for general advisable exercises and finally cite suitable *sample* recipes: (1) For every-day use for nurses in perfect health who simply wish to retain it; (2) for nurses and others afflicted with certain diseases. These exercises will be divided between such which any one can use without the slightest technical knowledge and training, which will, therefore, be expressed in non-technical terms; and such which require at least some slight experience and gymnastic knowledge in order to be understood and properly executed. They might also be divided into such which are best fitted for home use and such which are best practised in a class room or gymnasium.

In this connection the thought suggests itself to us that every hospital and sanitarium employing a number of nurses would wisely follow the example of those which have fitted up a small gymnasium in which the nurses are compelled to take regular prescribed exercises every day. Such gym-



nastic work should preferably be placed in charge of a graduate nurse who has had the proper technical training in an institution which devotes particular attention to instruction in these branches.

#### RULES FOR MAINTAINING GOOD HEALTH OF NURSES.

1. Try to avoid overwork.
2. Allow and enforce a nightly or daily sufficient amount of sleep in well-ventilated and not overheated rooms.
3. Take a daily walk in the fresh air, preferably not returning indoors in less than one hour.
4. A digestible diet, allowing sufficient time for proper mastication and a short rest after eating.
5. Have your teeth examined, have proper dental care (false teeth, fillings, etc., if necessary).
6. Wear fitting and comfortable, common-sense shoes, allowing plenty of room for the toes; bathe feet at night, and in case they perspire immerse nightly for a short time in water containing one or two heaping teaspoonfuls of alum to the quart.
7. Last, but not least, enforce proper active or passive gymnastics, supplemented, if at all possible, by general or local massage.

Such exercises must be employed regularly, preferably in the morning, and if at all possible in the open air. If unfavorable conditions, inclement weather, etc., make this impossible, exercise in large, well-ventilated rooms with open windows and not overheated, if in winter. It is impossible to lay down absolute rules for gymnastics suitable for all nurses, old and young, stout and thin, strong and weak, anemic and plethoric. It stands to reason that here, like at all times, circumstances alter cases. But there are certain general rules which always hold good. Active exercises are always better than passive, unless the nurses are already overworked, are weak, sick or otherwise below par, in which case passive exercises combined with massage can be advantageously substituted.

Always begin and end your exercises with respiratory gymnastics. In between these insert your special exercises, particularly adapted to the individual case. If judicious

exercises are selected and the frequency, length and strenuousness of the gymnastics are properly estimated, graded and insisted upon and, especially, when supplemented by general manual or at least local massage of the upper and lower extremities, such a course of training *must* and *will* absolutely improve the tone and general condition of the nurses and make them more efficient, mentally and physically. Massage with proper gymnastics, if not overdone, so as to produce poisonous fatigue toxins in the muscles, always promote better oxygenation, oxidation, hence nutrition, etc. They force the circulation onward in the veins directly, indirectly in the arteries, and vice versa, and therefore strengthen the heart by relieving it of part of its work; they develop and strengthen the muscles, stimulate or soothe the nerves according to the method of application; they promote better peristalsis, hence prevent constipation, cause greater secretion of gastric, hepatic, pancreatic and intestinal juices, stimulate the kidneys and bladder to better action, build up tissue, assist skin activity, eliminative and respiratory, favorably influence metabolism and elimination of waste material, rejuvenate and prevent premature breakdown; while undoubtedly greatly assisting in overcoming the sequelae of injudicious burning the candle at both ends, such as brain fog, nervous exhaustion and the well-known host of evils so frequently encountered in this country. If you will compare two groups of nurses, one in training compelled to take regular, judicious exercises, etc., and the other neglecting them, the difference in their appearance, endurance, contentment and efficiency cannot fail to at once become apparent, provided, of course, everything else is equal.

If these self-evident facts are conceded, as they cannot very well fail to be, do they alone not demonstrate the advisability of at once equipping a small private gymnasium as suggested above?

We expect to be criticized for recommending general massage treatment, etc., to nurses in training whose time is already too preoccupied with their multitudinous studies and duties. Nevertheless, we must repeat that it is our honest opinion that such a course of massage, supplementary to gymnastics (perhaps administered by a sister nurse), while troublesome, would repay the nurses and their employers a hundredfold in results.

Finally, it may be advisable to say a few words in regard to the prevention and cure of the altogether too frequent cases of weak foot or flat foot among nurses, which give them so much trouble in their vocation. The more serious cases must, of course, be referred to the orthopedic surgeon. In the milder cases, which often are at least aggravated, if not altogether caused by poorly fitting shoes, bad habits of walking and standing, averting the feet too much, etc., a great deal can be achieved by teaching the afflicted nurse to (1) wear wide shoes, allowing plenty of room to move the individual toes; (2) to walk with adducted feet and thus imitate the natural slightly inverted walk; (3) to have the shoemaker raise the inner border of the sole and heel somewhat, so as to force the foot through gravity outward, *i.e.*, to outer side of foot—the position of the inverted foot is called supination; (4) to practise adduction and supination as often as possible, so as to acquire the irresistible habit of placing the feet in the proper positions; (5) to use daily foot massage after thoroughly bathing the feet, adding to the foot bath, as suggested above in cases of excessive perspiration and consequent tenderness, alum or tannic acid or some other harmless astringent.

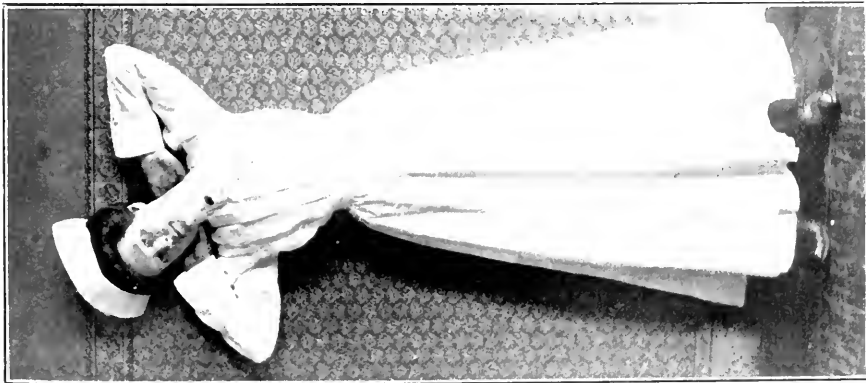
Thus, minor weak or flat-foot cases can often be induced to yield to properly fitting shoes (especially when the inner border is raised), with massage, carefully watched natural walking, adduction and supination exercises.

We will now give a few sample recipes for healthy nurses and for those who may be afflicted with various nervous or physical diseases, reminding the reader that there must of course be some variety and some changes made to suit the existing conditions, etc.

First of all, we will give a few exercises in easily understood words, which at the same time are easily executed, for the use of healthy nurses wishing to retain their good condition and at the same time lacking both the knowledge of technical terms and the convenience of having a sister nurse as instructor who has had the technical gymnastic training.

1. Circumduction of the arms, forward, upward, backward and downward, with deep inspirations (breathing in) and expirations (breathing out) while standing; repeat 15 times, gradually increase to 30 times.
2. Alternate outward rotation of extended leg, while standing; large circles 15 times each way, each leg.
3. Extending arms upward and then bending body forward from the waist line with stiff knees, if possible touching the floor with finger tips; 5 times, gradually increase to 10 times.
4. Standing with hands resting on hips, backward bending of body as far as possible; 10 times, gradually increase to 20 times.
5. Sitting, alternate flexion and extension of feet; 15 times, each foot, increase gradually to 30 times.
6. Standing, lifting arms laterally to shoulder height, palms up; deep inhalation while lifting the arms; then turn palms down and lower arms, completely exhaling; 10 times, gradually increasing to 20 times.
7. Standing, flexion and extension of arms; 25 times, gradually increasing to 50 times.
8. Alternate circumduction of feet 20 times outward and 20 times inward, each foot while standing on the other.
9. Standing, arms stretched over head, lateral trunk bending alternately to right and left; 10 times each way, gradually increasing to 20 times.
10. Circumduction of arms with deep breathing as in No. 1, but while sitting instead of standing.

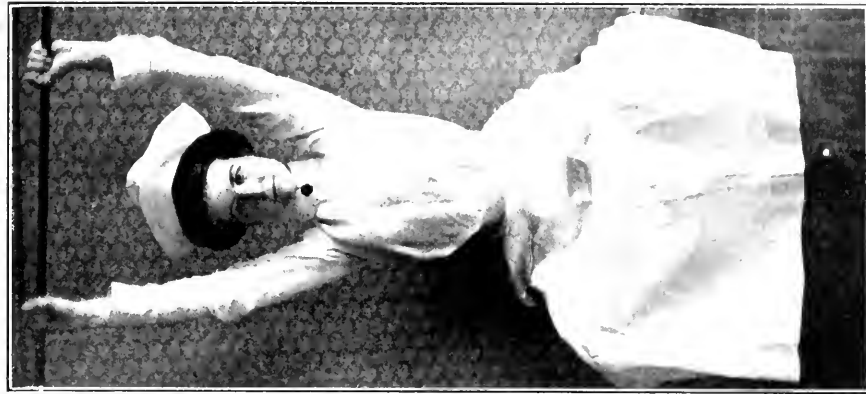
The following recipes will be found advisable for nurses and others who have made a study of gymnastics:



NECK-REST-STRIDE-STANDING  
TRUNK BENDING



YARD-STRIDE-SITTING-CIRCUMDUCTION  
OF ARMS



STRETCH-SUPPORT-STANDING-DEEP  
KNEE BENDING

### FOR HOME PRACTICE OF NURSES OR CONVALESCENTS.

1. Sitting, circumduction of arms with deep breathing, (active) 10 times.
2. Standing, circumduction of each leg, (active) 10 times each leg.
3. Wing-stride-standing, trunk circumduction, (active) 10 times each way.
4. Standing, arm flexion and extension, (active) 15 times.
5. Stride-standing, forward and backward trunk bending, (active) 10 times each way.
6. Neck-rest-standing, trunk sideward flexion, (active) 10 times each way.
7. Standing, deep knee bending with heels rising, (active) 10 times.
8. Wing-sitting, circumduction of head, (active) 20 times in both directions.
9. Yard-standing, heels rising and sinking, with deep breathing, (active) 20 times.
10. Hook-lying, abduction and adduction of knees, (active) 15 times.
11. Standing, circumduction of arms with deep breathing, (active) 10 times.

### FOR NURSES AND OTHERS AFFLICTED WITH CHLOROSIS AND ANEMIA.

1. Stride sitting, chest lifting, (passive) 5 times.
2. Opposite standing, sacral beating, (passive) 10 times.
3. Wing standing, trunk forward and backward bending, (active) 5 times.
4. Lying, circumduction of feet, (passive) 20 times each way for each foot.
5. Standing, rotation of trunk, (active) 5 times in each direction.
6. Standing, knee flexion and extension, (active) 10 times.
7. Sitting, arms sideways and upward lifting, with forced inspiration and expiration, (active) 15 times.
8. Lying, vibration of legs, (passive) repeat 3 times.
9. Hook-lying, abdominal massage, (passive) 10 minutes.
10. Stride-sitting, circumduction of arms, (passive) 10 times.

### FOR WEAK LUNGS, TUBERCULAR PREDISPOSITION, INCIPENT PHTHISIS (only when not feverish or too weak), CHRONIC BRONCHITIS, ADHESIVE PLEURISY, ASTHMA, ETC.

1. Sitting, chest lifting, (passive) 5 times.
2. Chest treatment while standing (passive).
3. Lying, circumduction of both legs, (passive) 10 times in each direction.
4. Lying, circumduction of feet, (passive) 20 times each way; repeat 3 times.

5. Lying, larynx and chest vibration, (passive) 5 times.
6. Lying, chest massage, (passive) 8 minutes.
7. Prone-lying, back massage, (passive) 8 minutes.
8. Half-stretch-standing, trunk sideways bending, (active) 10 times.
9. Lying, vibration of arms, (passive) repeat 3 times.
10. Lying, vibration of legs, (passive) repeat 3 times.
11. Neck-rest-high-ride-sitting, trunk alternate turning, (passive) 5 times each way.
12. Yard-sitting, circumduction of arms with deep breathing, (passive) 5 times.

N.B.—It will be noticed that most of these exercises are passive in order to avoid exertion and consequent exhaustion in these cases.

### FOR HYSTERIA, NEURASTHENIA, MELANCHOLIA AND OTHER NERVOUS AFFLICTIONS.

1. Stride-standing, circumduction of arms with deep breathing, (active) 10 times.
2. Sitting, vibration of head, forward, backward, 3 times; then 3 times toward each side, head circular-rolling vibration of head in each of the former four extreme positions with lower supporting hand, (passive).
3. Wing or neck-rest-sitting, trunk relaxed forward, alternate trunk turning, (passive) repeat 3 times.
4. Half-yard-support standing, circumduction of each leg 6 times, (active).
6. Knee standing, backward flexion of trunk, (active) 5 times.
6. Kick-standing, circumduction of feet, (active) 20 times each way, each foot.
7. Wing-standing, heels rising, knees bending, (active) 10 times.
8. Stretch-lying, circumduction of arms, 20 circles outward, then vibrate arms; repeat 3 times.
9. Stretch-standing, lifting arms sideways and upward, with deep breathing, (active) 10 times.

We might continue indefinitely without exhausting this interesting and highly important subject, but the limitations of space compel us to close. The above suggestions for the improvement and maintenance of the health of nurses are made because we have only too frequently observed the lamentable physical and nervous condition of nurses after undergoing a course of training and a short term of nursing.

# My Experience in X-Ray Work

M. HARRIS

PERHAPS the readers of THE TRAINED NURSE may be interested in hearing of some results of X-ray treatment, as this form of therapy is not sufficiently common for all nurses to have had opportunity to observe its beneficial effects. The following account covers a period of about six years and represents cases that have come directly under my own observation from time to time.

When X-ray treatment is in proper hands it may give much relief. Some cases are entirely cured and many more could be cured if taken in time. It is not enough, however, simply to apply the X-ray; it must be done understandingly, each condition that presents itself being treated according to its requirements as to frequency and length of time of treatment, and with the proper tube. A considerable outlay of time and money is, of course, necessary to enable the physician to give the subject the required study and to acquire the skill and understanding by means of which alone he can obtain good results.

In what way, it may be asked, does the X-ray take effect? Disease cells are destroyed by it and the blood vessels are hardened, which lessens the blood supply to the part and so retards its growth, also preventing hemorrhage during the breaking-down process as the hardening of tissues and blood vessels decreases their liability to bleeding.

Case 1. Was a woman who had had an arm amputated for sarcoma. The trouble appeared on the other side, but operative measures were not advised. She was able to come for treatment for about a year and a half, after which it was given to her at her home as long as she lived, which was about a year longer. The swelling was reduced, pain very much lessened, odor entirely

kept down after a few treatments had been given, and a generally comfortable condition was maintained until the last. She was able to use her arm most of the time.

Case 2. Lip eaten away by epithelioma so that all of the teeth showed. This patient went to a hospital for treatment, but operation was impossible and medicine could do nothing to help him. The X-ray was used with such good result that in about two months the lips were healed up, new tissues having formed so that the teeth no longer showed. Unfortunately, this man was addicted to the opium habit and about this time disappeared from sight. The physician was anxious that he should continue treatment to reduce some affected glands of the neck, and there was a fair chance of an entire recovery if treatment had been followed up. Doctors who saw the case after it had been treated for some time would not believe that conditions had been so bad before treatment was begun, and those who had seen the patient on his arrival could scarcely believe, two months later, that they were looking at the same person.

Case 3. Was a woman who had been in a hospital three months after operation, with an ulcer that refused to heal—sarcoma of the breast. A few treatments healed up the place entirely, and reduced the swelling in side and arm so that she was able to use the latter and to attend to her household duties for about a year and a half in comfort. There was entire freedom from odor as long as the treatment was kept up. As it was several hours' journey to her home, treatment had to be stopped when she returned there, but she had received help and comfort beyond expectation, and her general health was so much improved that her life was prolonged in comfort probably a year

and a half longer than would have been possible without treatment.

Case 4. Was a schoolteacher who had warty growths on the soles of her feet, and had tried for ten years to get rid of them by various forms of treatment. She had reached a point where she could no longer go on teaching unless she could obtain relief. X-ray treatment for three weeks did away with the trouble entirely. This was four years and a half ago, and there has been no return of the trouble. Another case of the same kind has been cured since then.

Case 5. A woman of seventy-two years, whom I took care of for fifteen months, was entirely helpless for a year of that time, but until the last I was able to prevent bedsores and she was comfortable most of the time. About ten years before a growth had started on the inside of the leg, a little above the knee; it continued for about seven years without causing serious lameness. A hemorrhage then took place, and measures were taken to give relief, a mass the size of an infant's head being removed. For a time after this operation the patient was fairly comfortable and able to be about, but the size of the leg from knee to hip increased steadily, and lameness soon returned. In about two years after the operation the patient was unable to put her foot flat on the floor. On her consulting the physician and surgeon who had operated on her it was decided that nothing could be done except to remove the leg at the hip, but as this procedure was not regarded favorably it was decided upon to try the X-ray. After two weeks' treatment the patient was able to walk about as usual. She came to take treatment twice a week for about a year and a half, and during that time was able to enjoy herself and to do work about the house, until the increased size of her leg and the stiffness of the knee became troublesome, making a reclining position necessary most of the time.

About this time a small ulcer formed, and

she was no longer able to travel and soon had to take to bed. For about three weeks the patient was without treatment, as it took a little time to procure a portable machine and get it into working order. When I went to her at this time a general breaking-down seemed to be coming on, the odor was very bad, and the patient was unable to be out of bed. After treatment had been resumed for two weeks, however, the odor was entirely gone and the patient was able to be up during part of the day. For about two months she was able to go up and down stairs twice a day, then suddenly a septic condition set in, and we thought the end would come in a few days. Treatment was kept up during this time because of the good effect on the nervous system, as this patient seemed to be particularly helped along this line and always looked forward to having a good night after a treatment. The soothing effect was noticeable at once, and often she would go to sleep during the treatment. An itching of the skin that had been very annoying was entirely cured after three or four treatments.

In about two weeks after the septic condition set in it was apparent that our patient was going to stay with us a while longer; one ulcer after another was healed, general health was improved, and appetite was good, though she was unable to help herself at all. Her mind was clear most of the time and she was seldom in pain. Most of the time there was no odor; an odor was present when a new ulcer was forming, but as soon as it could be opened and thoroughly cleansed the odor entirely disappeared again. At last a condition of gangrene set in; the back also became gangrenous, appetite failed entirely, and the mind was affected, but she did not suffer much at any time and hypodermics to relieve pain were not necessary. The family felt that there was much to be thankful for and that the treatment had given much comfort under unusually trying circumstances. The pa-

tient took much satisfaction from the absence of odor; she had always had a great dread that the house would become offensive to others from this cause, but most of the time there was not even a suggestion of such a thing and the patient was able to enjoy seeing her friends as long as her mind remained clear.

Case 6. A woman about sixty years of age had carcinoma of the breast for about a year before going to a doctor, as she had a dread of operation because of a weak heart. When she finally did consult a physician, it seemed probable that she would not live three months, the conditions were so bad. Operation was out of the question, as she could not have stood it, and she was unable even to have the growth, which was a very large one, opened and drained. X-ray treatment was begun, and has been continued for about two years, and the patient improved so much under it that she has been able to get about as usual, and her general health is as good as it has been for years. Her breast became normal in size and there is no odor, nor has there been at any time. The treatment is still being continued, but at longer intervals than at first, sometimes not oftener than once in three or four weeks.

Case 7. A patient had been operated upon for trouble in the trachea. In about a year the growth returned, making breathing very difficult and giving rise to so unpleasant an odor as to nauseate the patient. After four or five X-ray treatments the odor was gone, also the nausea, while the breathing was much improved, so that the patient was much benefited. Death resulted from heart failure when the tube was being cleansed by the doctor.

I have seen patients with back and chest covered with nodules, which have disappeared entirely under treatment by the X-ray, the general health also being improved.

As will be noticed the cases detailed above were all past hope of cure when the treatment was begun; all that could be hoped from it was to give the patients all possible comfort while life should last. I have, however, known of a number of cases where cures were made when the condition was taken in hand much earlier in the progress of the disease, and it seems to me that if so much help can be given at an advanced stage many more cases might be cured in the early stages. Still, it means a great deal to be able to give help and comfort to a sufferer after other means fail.

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### DON'TS FOR THE PRIVATE NURSE

Don't talk shop. There is nothing more tiresome than the woman who constantly talks about her particular work.

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Don't fail to visit hospitals in search of new ideas regarding methods. Every visit ought to be educational.

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Don't expect the family to treat you as a guest.

Don't quote your favorite doctor's methods to your patients or to other doctors.

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Don't starve your mind. Try to grow mentally, to broaden intellectually, every year.

Don't get into ruts. Remember there may be many ways of doing the same thing and other ways may be better than the one you are accustomed to.

# The Contagious-Disease Patient at Home

MARY LEE DOWNS

THERE are few kinds of cases which will test more fully a nurse's resourcefulness than the care of a contagious patient in circumscribed quarters. If the house is a large three-story building of ten or twelve rooms, with two bath rooms, the management of the problems that present themselves are not difficult.

These are, however, the exceptional cases rarely met with. Instead, the nurse is called much more frequently to manage where *isolation* in the strict sense of the term is an impossible thing. How can one practise *isolation* in a six-room flat, with the bedrooms opening off the living room and the one bath room of the flat opening off the kitchen or adjacent to it? It is a question of minimizing the dangers in every possible way by careful study of the possible causes of contact infection. If there are children in the home to be exposed to the infection and there are probabilities of a protracted illness, such as in scarlet fever, the best possible precaution to take is to have them sent away from the home, if possible—that is, when it is not possible to have the patient removed. This may not always be easy to accomplish, but it is worth making a tremendous effort for. If it is not possible to accomplish this, then the nurse's responsibility is doubled.

The use of the anti-toxin treatment has robbed diphtheria of its terrors, and materially shortened the duration of the disease, so that it is usually better to leave the patient in the room which he occupied when the illness developed—this, rather than to have two rooms infected. Even if the room is somewhat inconvenient from a nursing standpoint, the inconvenience can be borne for a short time. What is true of diphtheria in this respect is also true of measles, where often a change to a more desirable and even

more isolated room might help to spread the disease.

In cases of scarlet fever, when one must expect to spend several weeks before the disease has finally disappeared, a change of room is often very necessary. If the house be a two-story one it is usually not difficult to secure a comparative isolation. Quite often the term "isolation" as practised is a good deal of a farce, and it is a fact that its real significance is but little understood by the laity. Many of them seem to feel that board of health regulations and precautions are a nuisance, and to be evaded if possible, while in other cases they (figuratively speaking) "strain at gnats and swallow camels." As a rule I have found people are firm believers in the possibility of infection by means of the air, while extremely hard to convince of the possibilities of contact infection. In one family the mother insisted on burning sulphur on top of the kitchen stove every afternoon for a half hour or so and made the children stay in the kitchen and breathe the fumes as long as they could stand it. No amount of argument would convince her that the practice was practically useless so far as preventing the spread of the disease (diphtheria) was concerned. "It's healthy," she would say, with a very positive shake of the head, and further argument was thrown away.

I am fully convinced that in nine cases out of ten the practice of keeping a sheet wet with disinfectant before the door of the patient's room is a useless measure in the prevention of infection. It helps to keep the minds of the family centered on infection by means of the air and makes it harder to teach them that the greatest dangers are through contact infection. It helps to create a false sense of safety. I



have read that in many of the newest and most up-to-date infectious-disease hospitals the theory of infection by the air is but very little taken into account, and the main efforts are devoted to eliminating chances of infection by contact.

One of the first things to do after taking charge of a contagious-disease patient in the home, after the matter of the room and its furnishing is settled, is to provide yourself with utensils for the care of the room. Insist on having a broom especially for the patient's room—one which will be used for no other room. A bucket and mop are among the necessities, and plenty of dust cloths. A hand basin for the nurse and a hand-scrub brush, plenty of soap, a wash basin for the patient, a quantity of old newspapers, and a waste basket or box are things usually not difficult to secure. An old sheet which can be wrung out of a disinfectant and used as a receiver for the soiled clothing till disinfection can be properly attended to is a useful thing to have.

For ordinary disinfection in the home I am accustomed to the carbolic solution and the following formula:

Carbolic acid, 3 parts,

Common soft soap,  $1\frac{1}{2}$  parts,

Water, 100 parts.

Common laundry soap is dissolved in boiling water, the carbolic acid is added, and thoroughly shaken or stirred. Commercial acid is somewhat less expensive than the purified and all right to use. It is always better to use this solution hot if possible. Experiments have shown that non-spore-forming bacteria are destroyed by exposure to this solution for one half hour.

In removing clothing from the bed be careful to avoid handling or shaking as much as possible, and have the sheet, wet with disinfectant, spread out ready to receive it.

The floors should be, of course, uncarpeted, and should be washed up daily with

the disinfectant solution and the woodwork gone over in the same way.

Articles such as scraps or garbage or trash of any kind to be burnt should be wrapped in old newspapers and consigned to the fire.

Insist on having a set of dishes specially for the patient, and boil these every day. Paper napkins, which can be destroyed after using, are preferable to linen for the tray, both for patient and nurse. These can be promptly burned. All salt, pepper, sugar dishes, etc., should remain in the patient's room, likewise the glasses, spoons and silverware. The nurse's dishes should be scalded before returning to the kitchen.

In many city homes the nurse must use the same bath room used by the family, and the bath room furnishes, perhaps, the greatest danger. In such cases it is wise to insist on a covered slop can to be kept in the patient's room, or a large, deep slop-jar can be utilized to receive urine, water from hands, from glasses, etc. A covered jar for drinking water will also be needed. With these conveniences it is possible for the nurse to get along with but one or two trips to the bath room each day. She, herself, should oversee the cleaning and disinfection of this room.

For the nurse's own protection she should have her own drinking glasses. She must be especially careful, especially in diphtheria cases, about not moistening her finger to turn charts, and be fastidious about the use of soap and water on the hands after handling or touching the patient. Before meals she should both scrub and disinfect her hands, but the liberal and constant and intelligent use of soap and water on the hands is probably her most important personal preventive measure and one to be emphasized in instructions to the family.

When it becomes necessary for one of the family to relieve her, as it usually does, the three things which I feel most like insisting on are that the hair shall be covered

with a close-fitting dusting cap (which is left in the room) or the hair can be closely pinned up in a towel, that a cotton dress (which also can be left behind) and an old pair of shoes (which will remain in the room) be worn. The hair is particularly likely to carry disease germs, and it is easy to see how a mother who fondles her little ones and hold them in her arms can infect

them by germs from her hair, after all other possible precautions seem to have been taken.

The methods of fumigation after a case is concluded are well known and need no special mention, but I feel that as nurses we cannot insist too strongly on the probability of infection by contact and the means to prevent it.

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## The Wet-Sheet Pack

CARRIE SLATER HOLMES

ONE of the most useful of all nursing measures is the wet-sheet pack, hot or cold. It is one that can be utilized almost anywhere and for a great variety of conditions.

In over ten years of experience with typhoid patients I have learned to depend on the cold pack as one of the very valuable remedial measures, and rarely has it failed of the desired results. Its general effects have proven better with me than cold sponging and it is much less exhausting both to patient and nurse. However useful the Brand bath may be, its application outside of hospitals is limited and accompanied with much difficulty.

In giving the wet-sheet pack to reduce fever two or three points are important enough to be emphasized.

First, I would mention the necessity of having the pack tucked in close to the skin at all points, especially between the legs and under the arms. In putting it on have the patient lift the arms above the head, tuck it in snugly to the sides, lower the arms and either wrap them in separate towels or turn back the sheet well over them. The shivering which some patients complain of is largely due to the fact that the pack is not in contact with the skin all over the body.

In giving a pack to a fever patient in a private home it is necessary to be extremely careful of the bed, and though I prefer sprinkling the pack with ice water when it begins to warm I find it safer to remove the wet sheet, wring it again out of cold water and reapply it—this when one pack does not sufficiently reduce the temperature. In some cases it is necessary to repeat the pack four or five times within an hour to secure the results desired, when the temperature is persistently high.

The feet should not be included in the cold pack, and if they are cold (they nearly always are) should have a hot bottle to them while the pack is being given. The head (not the face) should be wrapped in a cold compress. Besides reducing the fever the effect of the pack is wonderfully soothing and quieting.

Just a few words regarding the hot pack. In giving a hot pack to induce perspiration, attention to details is of first importance. There should be a couple of thick blankets at hand to completely envelop the patient after the pack is applied. Special care must be used to exclude the air at every point. The nurse must stay close by and hot drinks, such as hot lemonade, broth or malted milk, should be given freely through a drinking tube or cup, the arms still being covered.

# Asepsis in a Log Cabin

A NURSE ON HER VACATION

**A**CURETTEMENT had to be done in a two-roomed log cabin. The doctor wished to send the patient to a hospital, but the nearest one was miles away; even the railroad which should take us to it was miles away, and the case was urgent. Another doctor was sent for to give the anesthetic (he was only eight miles distant) and he managed his part nicely with the help of some of the family. The surgeon was delighted to find in the neighborhood a graduate nurse on her vacation. I was the nurse.

Clean linen was very scarce, but the ever-present flour sack (which in this country answers for dish and hand towel, diaper, bread cloth, etc.) helped us out. There were plenty of clean ones, and the daughter put on the flat irons and pressed them freshly for us, wrapping them carefully so that they were practically sterile.

The dish pan, well scrubbed and scalded, had a full tea kettle of well-boiled water poured into it; it was covered with a clean flour sack tied closely around with a string, set out on the ground, and one of the boys instructed to watch it and move it often enough to keep it cooling. This provided our cold sterile water. The ever-ready tea kettle furnished hot sterile water *ad libitum*.

The big mixing pan in which they made their bread was large enough to take in the long-handled instruments. A flour sack spread in the bottom received them; this was pinned by the four corners to the handle for easy removal; a clean milk pan covered them while they boiled.

The doctor's gloves and fountain syringe were wrapped in a flour sack and put to boil in another milk pan, along with many pledgets of absorbent cotton (for sponges) from a package brought by the doctor. These were also covered with a pan.

You will observe that we did not use baking or cooking dishes, as these cannot be made clean without great difficulty.

When ready, we had four sterile basins (the two pans used for boiling and the two which covered them), an ample number for hand and other solutions. The instruments were transferred to the table in the cloth in which they were boiled, a folded flour sack being first spread down. The solution for irrigation was prepared in one of the sterile milk pans and poured into the sterile fountain syringe. One of the clean flour sacks covered the Kelly pad and two others wrapped the patient's legs.

We used the kitchen table for operating. A sheet was put around the back of the patient's neck with ends tied about each leg just below the knee, which did duty for leg holders. (The husband and the daughter were asked to steady the feet and keep them in place.) A clean box set on end was the instrument table; a kitchen chair was the surgeon's stool; a convenient nail the irrigator stand, and the "calf bucket" the receptacle for waste. The hand and scrubbing-up solutions were set on chairs.

We scrubbed our hands in the white-lined enameled wash basin, which had been cleaned and scalded for us, using the doctor's hand brushes, the daughter pouring warm water over our hands at the end and the man giving us a little whiskey from the household flask, in lieu of alcohol, for disinfecting them. (I am sure they thought it a waste of good liquor.)

I challenge any one to criticize the technique of our preparations, or to say that we could have been more careful. Two pairs of clean hands were what the surgeon most appreciated.

Our patient made an uninterrupted and excellent recovery.

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# Notes from Current Medical Literature

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## The Principles of Operative Success

The tendency to mechanicalism and dependence on routinism and its resultant effects on nurses, many of whom have shown themselves woefully lacking in resourcefulness when placed in circumstances where hospital conveniences were lacking, has often been commented on by nurses themselves. The wealthier the hospital, the more do conveniences multiply and the more do the nurses come to regard them as essentials to successful surgical work rather than convenient aids. This tendency to elaboration in surgical technique was dwelt on in the oration in surgery at the recent meeting of the British Medical Association by Professor Jordan Lloyd, of Birmingham, who spoke as follows:

The great principles on which operative success depended were today precisely the same as when Lister first preached the gospel of antisepsis. Their essence was absolute cleanliness, and every modification in procedure that has come into vogue depended for its success upon the completeness with which it conserved this central idea. The modern tendency was to make all surgical operations a kind of ritualistic function; this was greatly to be deplored, for harm often resulted. It was possible to be careful without being fastidious, and to be efficient without becoming hysterical. Elaboration of ceremonial would not condone for want of manipulative dexterity or for absence of readiness in emergencies. Soap and scalding water were the safest and simplest antiseptics, and if spirit were added to the list the scruples of the most sensitive surgeons should be satisfied.

The real essentials—linen, gauze, cotton, silk, bandages, etc., were comparatively

inexpensive, and all were efficient and simple. The increasing cost of surgical work was chiefly due to the caprices of fashion and the demands of ritual, but partly also to the fancies of architects and the seductive enterprise of surgical instrument makers. Good surgical work could be done in any clean and well-lighted bedroom if the surgeon and his staff would only take the necessary trouble. Many of the improvements of the modern hospital were as much for the convenience of the working staff as for the welfare of the patients.

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## A Suggestion to School Nurses

*The Nursing Times* (Eng.) describes a movement which has been rapidly developing in Great Britain within the last couple of years. The Boy Scouts organization and work has been kept so fully before the public that its aims and methods are familiar to those who have access to current newspapers and magazines. The work of the Girl Guides is not so well known, being still in the formative period. An experiment which a district nurse has tried with very gratifying results in North Lancashire is thus described:

Here first aid is taught in the form of a game to quite young children. It is thought that fifteen to sixteen children are as many as can be well managed in a class. She divides a class of fifteen into stretcher bearers and attendants; field nurses in charge of beds, sponges, linen, etc.; cooks in charge of fire, kettle, tea, baths, etc.; and lastly, one or two little ones in charge of the convalescent home, which consists of a table, chairs and a box of dominoes. The children understand and make all the preparations themselves. The boys collect the

stretcher, splints, bandages, smelling salts (which may take the form of a bundle of hay), a lantern, or anything which will help them in finding and bringing home a patient. The girls meanwhile make beds, light fires, boil water, etc. Then the game begins, and the boys start off to find and bring in the patient, to be treated by the girls. The children thoroughly enjoy the fun, and most valuable and practical teaching can be conveyed in a manner that interests and attracts the learners. This is work that a district nurse could probably undertake single handed, and it might lead on to some more organized health guild at which fortnightly or weekly "talks" might be given, and the children be encouraged to write simple papers and to undertake definite duties.

### Infant Mortality

Between June 1, 1909, and June 1, 1910, a special study of one hundred babies born at the Lebanon Hospital, New York, was made. Among other important facts noted were these, quoted Dr. Charles Herrman at the meeting of the American Pediatric Society: Breast milk might be made to reappear in a breast that had not functionated for more than two months. A mother might believe that she had not sufficient breast milk when as a matter of fact she had more than enough. The great importance of proper advice to counteract the improper advice of neighbors. An infant might show an insufficient gain in weight during the first three months, although the food, breast milk or artificial, might be of proper quality and quantity. At about the third month on the same food the infant would rather suddenly gain much more rapidly in weight. Breast feeding might be possible for an infant even when several preceding infants of the same mother were artificially fed. Not a single death occurred

in an infant that was breast-fed for more than five months. Of the deaths that occurred among the babies that were under special observation eighty per cent. were first babies and none that died were breast-fed at the time of death.

### Precautions in Regard to Adenoid Operations

In a French medical journal, the conclusions reached after a study of many hundred adenoid operations are summed up, and include the following precautionary suggestions:

Adenoid operations should not be undertaken when there is a rise of temperature. Such operations should not be undertaken when there is an epidemic of measles, scarlet fever or diphtheria.

In young girls the operation should not be done during the menstrual period. Primary or secondary hemorrhage is the most frequent complication. Secondary hemorrhage may come a week after the operation. Infections are not rare, the adenoid child being chronically infected. The patient who remains in the house after operation is less liable to become infected. All children should be kept in bed two days and quiet indoors for a week after operation.

### To Relieve Pain in the Ear

Brickner gives the following instructions regarding the treatment to relieve pain in the ear. He says: Do not pour hot oil into the ear to relieve pain. Heat can be applied much better in a hot mixture of glycerine, alcohol and water, which will not turn rancid or clog up the ear, and can be removed by syringing with water. A towel or large pad of gauze wrung out in boiling water and closely applied over the ear, covered with oil silk or protective rubber tissue, is better than a hot-water bag.

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# Editorially Speaking

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## The Central Preparatory School

Considerable attention has been devoted in recent years to the discussion of the central school for the preparatory training of pupil nurses or prospective pupil nurses. The subject is not a new one. Nearly ten years ago an attempt was made in Philadelphia to establish a year of preparatory training to be given, if we are not mistaken, at the Drexel Institute. Back of the plan were some of the notable men and women in the medical and nursing professions. The course offered was fairly comprehensive, the cost not apparently prohibitive. Yet, if our memory serves us correctly, the attempt was abandoned after one year of effort, because the young women who desired this preparatory training could be numbered on the fingers of two hands, and then not include all the digits in the count.

A similar effort was made in Toronto some eight or nine years ago. It was hailed with joy as the solution of one of the problems of nursing education. Yet it fizzled out after a few months, and its effects in elevating the professional standards were hardly convincing enough to justify the attention that the subject has recently received. It is notable that the most persistent advocates of the central preparatory school ignore these attempts that have been made, and studiously avoid the discussion of the chief difficulties in the way and the objections to their plan. While presuming to be laboring for the future good of hospitals and nurses, they yet religiously avoid the present and pressing problems and opportunities and responsibilities. They propose what amounts to a revolutionary

change, yet provide no suggestion as to how the problems created by the proposed change are to be met.

What are some of the obstacles in the way? One of the greatest is the belief that many hospital boards and executives have that the proposed central school is simply one more attempt on the part of a few aggressive nurses in a few States to secure a greater measure of control over every hospital school. Were the proposal to come from some other direction than that from which it has come, it would probably long ere this have received some serious consideration from hospital authorities. Institutional loyalty and hospital spirit may be intangible forces, but they are forces that have much to do with the efficiency of hospitals, and few hospitals are willing to take chances on an outside institution that holds in itself the possibilities of undermining the loyalty which the institution needs if it is to do its best work.

Another great difficulty is that most hospitals are dependent on the regular filling of vacancies in the training school to carry on the pressing work that has to be done and that cannot wait. They have found that the paid graduate nurse for routine ward work is a most uncertain and elusive quantity, so much so that few superintendents would be willing to place their dependence on her. She is here today and may be gone this time tomorrow, without even a day's notice in some cases, and when the graduates of a half-dozen schools meet for ward duty in the hospital uniformity of method and discipline, which mean so much to smooth working and general efficiency, might as well not be attempted.

The expense of the preparatory year is another barrier. Several of the large training schools, so situated as to provide a most attractive preparatory course for pupil nurses, decided a few years ago to establish such a course and charge a fee ranging from fifty to one hundred dollars for the course, the pupil being boarded and lodged by the hospital. One after another the schools which made this attempt were forced to abandon the tuition fee or cripple their training school and nursing force. They are still continuing to give some preliminary training, but their experience has taught them what might as well be admitted while discussing the merits of the proposed central school, and that is—the average American young woman objects to paying money for tuition in nursing. She objects to the entire separating for a year or even six months of the theory of nursing and the practical part of the work. As an abstract proposition she may agree to it, but when it comes to the real experience she rebels against it and chafes under the practice. The work of caring for the sick has its fascinations and its compensations. The foundation studies in the course, anatomy, hygiene, dietetics, materia medica, etc., are not exactly fascinating. There is much real drudgery in the studies, and the drudgery lacks the interest that is inherent in the actual care of the sick and that helps to offset its disagreeable features, both of work and study.

The central school idea savors of the co-operative housekeeping idea which one brilliant reformer after another has proposed as a solution of the housekeeping problem in cities. Theoretically, it would seem to have many advantages. Instead of every family employing a cook and maintaining a kitchen, why not all the people in one block or section establish a central kitchen where the food can be cooked at far less cost, where dishwashing will be simplified, and the best service secured. The

theory sounds good. People would like to be relieved of the drudgery of preparing meals and washing dishes, etc., but in its actual working the central kitchen seldom satisfies any family for very long. Its advantages are fully offset by its disadvantages, and the same is certain to be true of the central preparatory school for nurses. There is much that can be done to improve the rank and file of training schools without adopting revolutionary measures. "Let us remember that nature's way of advancement is not by leaps, but rather by slow and orderly evolution, and that the fittest survive." Let us patiently study the next feasible thing to be done under conditions as they are in every hospital and community, and spend less time in discussing impractical schemes.

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### Do You Know How to Invest?

This question is of interest to every one who earns, saves and spends money. It is, or should be, of interest to every nurse, for all nurses are investing in some way the money which they earn. The question contained in the title was discussed in a recent number of the *Technical World Magazine*. Who are these dupes? the writer asks.

Well, it seems by the list of names and addresses seized at the fraud offices when an arrest is made that they are chiefly schoolma'ams, widows, clergymen and clerks. The number of women all over the country swindled by mining-stock and patent-right schemers is something appalling. There are no actual statistics on the subject, but the number of gulls and dupes runs up into the millions. In the past five years nearly a hundred million dollars has been sent to New York by these persons and the money is still coming in at the rate of about fifty thousand dollars a day.

It is strange that women with their oft-credited "intuitive minds," the possession of that wonderful "sixth sense," are so easily swindled by glittering circulars and prospectuses.

We would like to believe that nurses are not among the dupes, that they are not

easily dazzled by so-called gilt-edge investments, that they are wiser than those who embark in the numerous get-rich-quick schemes. But, unfortunately, we have reason to believe they are not all as wise in the investment of their hard-earned money as they should be. Not long since we learned of over a dozen nurses who had been "bitten" in their attempt to get rich by buying stock in a mine of some kind, supposed to be in Arizona. One nurse had sunk the entire savings of years—over two thousand dollars—in the scheme, and had persuaded others to follow her example. Before long the bubble broke and she was moved to retaliate by instituting a law suit against the stock broker who made the investment for her. Nine times out of ten investments in mines turn out minus. It is a business which a nurse cannot expect to understand without years of study and experience. She is obliged to pin her faith and place her money entirely under the control of others.

Indeed, in a great many kinds of stock, even when the business is at one's door, and perfectly safe and legitimate, it is unwise for a nurse to invest. If she wants the money out of it at any time she either must peddle the stock herself or entrust its sale to the hands of some one of whose business integrity she cannot be sure, and she is bound to be at a disadvantage in such a transaction. Further, it is never a good plan to put all your eggs into one basket, or, in other words, to invest all your savings in any one thing. Insurance in two different companies is just a little safer than in one. In any investment of which there are doubts it is never wise to put into it more money than you can afford to lose.

There are plenty of safe investments which will yield a fair return and which are practically free from risks. Before investing it is always wise to seek advice from some disinterested business man, and re-

member it is always better to be sure than sorry.



### Training for Social Service

One of the difficulties which, in the rapid expansion of social service in connection with hospitals, is increasingly felt is to secure properly trained social service workers. Commenting on this difficulty *The Survey* says:

In some places a graduate nurse without other training is selected. Her work is often little more than a perfunctory appendage to the training school for nurses. What seems to be necessary is a combination of the expert training of the social worker with that of the nurse. The rapidly developing social service departments are handicapped by the small number of persons with this double qualification, and the hospitals which have developed successful departments are besought by other hospitals in efforts to secure experienced workers.

To meet this need the New York School of Philanthropy has organized a special course of four hours a week of class work for four months, and field and practice work to fill the entire time of a student for that period, in case work with families both from hospitals and charity organization societies. Mary E. Richmond conducts one of the lecture courses, which treats of family rehabilitation, and Dr. James Alexander Miller conducts the other, on medical sociology and hospital social service. The school offered this course last year and will give it again next fall and winter, with special inducements to each of the city hospitals to delegate a representative of its social service department to take the course on leave of absence from the hospital for the four months, October to January.

This course is one which should make an appeal to hundreds of nurses—especially to nurses who, having spent years in institutional work, desire a change from the routine work of the ward and office, and yet do not wish to retire entirely from professional work. Nurses who do not wish to come to New York for such a course will find in Chicago, Boston, St. Louis and other cities an opportunity of securing the social training which in combination with nursing ability is necessary for success in this line of work.



### What Is Best Worth While

Many years ago there was presented before the Philadelphia branch of the Association of Collegiate Alumnae a paper by Anna Robertson Brown, Ph.D., entitled, "What Is Worth While." The output of this paper in booklet form has long since reached into the hundreds of thousands. The question and the thoughts concerning it are as pertinent as when they were first written, and sooner or later every nurse and every other individual who is not a hopeless drifter living only in the present must ask herself the same question. Most of us are busy people, with only a limited amount of time to spare from the task which brings us our bread and butter. It is not well that we should allow ourselves to be satisfied when we have secured for ourselves the things necessary to life and close our eyes to the great variety of needs in the world around us. Such a life spells "selfishness," written with capital letters, but in the clamor of human tongues for our support, financial and personal, for new objects every few months, much confusion of thought is bound to result. All good causes are not for us to labor in. We can be sympathetic with them to a degree, but if we attempt to identify ourselves with too many we are apt to gain the reputation of being "Jacks of all trades," and the influence and effort which, if expended on one or two objects would really count, become of little or no effect. "What lines of effort outside of my regular daily effort are to me best worth while?" is the question to be seriously asked and answered.

How many "crusades" or campaigns can a nurse be engaged in and have her work amount to much in any one of them? is another way of putting the same question. Whatever we do go into let it not be said of us that we entered on the work from selfish motives, because in some way we hoped the little service we rendered would bring to us prestige or power. Self seeking

is too often clad in the guise of some popular charity or reform, but sooner or later the truth is sure to be revealed that certain individuals have been laboring not for the cause but for their own personal advancement.



### More Than a Nurse

The newly graduated nurse in probably ninety-seven cases out of a hundred chooses private nursing as her field because she thinks it is easier, probably also because the "regular rate" claimed by nurses, experienced and inexperienced, looks attractive. In all lines of nursing, however, the demands are becoming more exacting, and this is as true of private as of any other line of nursing. The nurse who succeeds in an institutional position must be a nurse plus something else. The nurse who makes a good office assistant for a busy physician will find need for qualifications somewhat different from the private or the institutional nurse. A knowledge of stenography, or at least the ability to manipulate the typewriter deftly, will prove a very useful accomplishment.

Gradually but very slowly indeed the idea grows and strengthens that the private nurse who is to be a real success must be "more than a nurse." This was well stated in the article in *THE TRAINED NURSE AND HOSPITAL REVIEW* by Miss Bertha Merrill on "More Than a Nurse" some months ago. A few schools, but comparatively very few, have introduced some lessons on kindergarten work into the curriculum, which is good so far as it goes, but when dealing with the nervous adult or the man with the fractured leg who is shut in with a nurse, these do not want kindergarten plays but diversion and occupation of a different sort.

It is a question how far the hospital should be expected to go in developing a nurse along this line of teaching regarding suitable occupations for invalids, but some

stimulus could surely be given by county or alumnae associations. Many such associations prepare a program for the winter season and it would seem to be easily possible to include on such programs a short course in reading aloud and voice culture, demonstrations on light occupations, such as basketry, leather work, modeling from paper pulp and the like, that in cases of tedious convalescence could be used to help keep the mental condition wholesome. It is a good thing to have doctors lecture on the newest development along medical lines, yet, as Miss Merrill has suggested, it is quite as necessary to success in private nursing to not neglect these other lines, "even though it crowd bacteriology and urinalysis somewhat."



### **The Nurse and the Tuberculosis Campaign**

At the meeting of Canadian superintendents of training schools, Mrs. E. G. Fournier discussed the tuberculosis question and the general attitude of nurses toward it. Among other pertinent questions she asks: "Are we unreasonably afraid of tuberculosis?" She has reason to believe that the average graduate nurse is unreasonably afraid of tuberculosis and lays the blame largely to the training, or lack of training, as to the management of this disease. She suggests that as soon as our nurses are taught till they fully realize that when proper care is taken of sputum and all other excreta tuberculosis is as safely nursed as typhoid, this unreasonable fear will disappear. Her point is well taken. No school is justified today in sending out into the world nurses who have not been properly instructed regarding the causes, early symptoms, methods of prevention, and management of remedial measures re-

garding this disease. In the campaign that is being waged nurses are important factors in its success. If our nurses are constantly and persistently refusing to nurse tuberculosis patients or leaving cases when the diagnosis of tuberculosis is made, the condition is one to be regarded with shame and sorrow. Let us teach as thoroughly as we can what needs to be done, what is being done and what can be done by nurses in this campaign. Let us radiate a spirit of optimism regarding the outcome. Let us recognize the cowardly attitude if it exists and dispel it by means of a wider knowledge of the real facts regarding the disease.



### **A Commendable Example**

Few nurses are brought face to face with more perplexing practical domestic and sanitary problems than is the visiting nurse, especially in a large city. In order to stimulate study on the part of the staff nurses the Manchester (England) Sick Poor and Private Nursing Association has arranged for an annual course of twenty-four lectures, followed by examinations, prizes and certificates of proficiency being offered.

The lectures last year dealt with housing and other sanitary and social problems, and included lectures on medicine and surgery. Demonstrations of technique were arranged for at a local hospital. The nurse who never studies cannot keep from getting rusty, and the idea of stimulating graduate nurses to continue study by offering prizes and certificates is commendable.



### **Pennsylvania**

The annual meeting of the Graduate Nurses' Association of the State of Pennsylvania will be held on October 17th, 18th and 19th in Pittsburgh, Pa.

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# The Hospital Review

CONDUCTED BY CHARLOTTE A. AIKENS

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## A Local Hospital Need

A letter recently received by the editor of "The Hospital Review" calls attention to a hospital need that is not at all confined to the community from which it came. It reads as follows: "We desire to start a general hospital in this city which will cost about \$50,000. What we are particularly concerned about is its policy as regards physicians. We do not want any one physician, or set of physicians, to dominate it, or to have a physician as medical director. We want a hospital in which any reputable physician will be perfectly free to bring his patients and to treat his own patients without being interfered with in any way by a medical director or staff doctor. We do not want a medical director who can direct all the patients who come to the hospital from the country into *his* hands or into the hands of a favorite. We hope to secure a woman as superintendent and matron who will be perfectly fair and treat us all alike. When we wish to operate on a case we want to be able to call up the superintendent, secure a room for our patient, have a time appointed for us to use the operating room, and not be troubled with other doctors 'nosing into our cases.'

"Can you direct us to a hospital which is managed as we desire, or to any literature relating especially to the management of a hospital along these lines? We have some physicians who are unprincipled, who want to grab everything and freeze everybody else out and they be the 'it' of this community. Any information or assistance you can give us to guide us in the organizing and managing of a hospital along these lines will be thankfully received."

This very human letter from a physician should elicit a response from a great many quarters of the United States and Canada. The editor will be glad to hear from hospitals as to their experience in getting along without a medical staff, and with the policy of a hospital which admits physicians on equal footing to care for their patients, so long as they do not abuse such privileges.

In arranging for the round table conference for superintendents of small hospitals at the St.

Louis convention of the American Hospital Association one of the questions which was received was the following, which bears on the subject under discussion: "Is a medical staff a vital necessity to the small hospital? Does a staff help or hinder the progress of such a hospital?" This question was about the only one which elicited no response from the superintendents present. There were several in the audience who had very decided opinions about the question. They did not believe that a medical staff was a vital necessity to the small hospital, and they were in hospitals which were doing successful work and meeting the needs of their communities without a medical staff. But they were, of course, in the minority, or thought they were, and they were evidently timid about expressing their opinions or giving their experience with a policy and practice a little different from, a little more liberal, than the ordinary plan of medical organization.

Names will not be published, but experiences are always valuable, and it is hoped those who can speak from experience along this line will give our readers the benefit of such experience.



## Pier Camp for Tuberculosis Patients

In the war with tuberculosis a great amount of skill and resourcefulness has been manifested in securing for those who have not the means themselves to do it the benefits of fresh air. The day camps have been the salvation of many of the poor who are so situated that they cannot go far from home or family or who cannot secure access to the State sanitarium. In Philadelphia, on the river end of the Bainbridge Street pier, a tuberculosis day camp has been established at small cost and without any great difficulty. The Independence Pier Company donated the pier, and practically all the furnishings have been contributed by the department stores—refrigerators, scales, glassware, tables, games, fishing tackle, etc. The Shut-In Society loaned the steamer chairs, and funds were readily secured for the canvas pavilion, 30 x 40 feet. In the front of the camp there is a small playground for

children and potted plants and flowers brighten the surroundings. Mothers who need the day camp, but who have little children who cannot be left behind, bring the little ones with them. The camp is open from 9 A.M. till 6 P.M. Milk, bread and butter are served at 10 and 4, and at noon a generous dinner is provided. Dr. A. P. Francine, of the State Tuberculosis Dispensary, is medical director and Miss Catherine Flynn is in charge of the camp.



#### A Clinic for Mental Diseases

Under the auspices of the State Charities Aid Association a clinic for mental diseases has been opened at the Long Island State Hospital. Dr. R. E. Doran, superintendent of the hospital, will supervise the clinic. Speaking of the need of such work, Dr. Doran has said that: "If this idea had been carried out ten years ago thousands who are now inmates of asylums would be perfectly sane. In New York State there are thirty-two thousand feeble-minded persons. The popular belief that insanity suddenly grips its victims is a mistaken one.

"On the contrary, it starts with a few worries, a general breakdown, or a nervous disorder. When the causes are not eliminated they gradually break down the burdened minds. If treated properly from the outset insanity will soon be on the decrease. There are hundreds of persons who are in need of treatment who are not really insane.

"If they will come to us we will be able to give them such advice and remedies as will speedily set many right again, saving them from becoming inmates of asylums later on. We want the cooperation of all the people in our work."



#### St. Vincent Baby Hospital

St. Vincent Nursery and Baby Hospital, Montclair, N. J., in the eleven years of its existence has cared for one thousand and twenty infants. It conducts a training school for children's nurses. The requirements for admission into this school are good character and health, a common-school education, and the preferred age limits have been placed between twenty and thirty years, though these limits are not absolutely adhered to. Pupils enter for one month on probation and if satisfactory must contract to remain at least six months longer. Besides the theoretical and practical training in infant hygiene, instruction is given in kindergarten methods. Pupils receive five dollars a month during training besides board and lodging,

and receive afterward a minimum of thirty dollars a month. Certificates of proficiency are not granted until one year of work and training under the auspices of the institution has been completed.



#### Dickinson Hospital

Dickinson Hospital, Northampton, Mass., closed the financial year with the largest deficit in its history—\$4,338. Investigation has shown that enough money was received from endowment and contributions to the free-bed fund which would have more than provided for the purely charitable work done, and that the deficit has occurred mainly through caring for so-called "paying" patients at less than the actual cost. The daily cost of caring for patients has been \$2.30, so that on each patient occupying a room at \$15 the hospital has lost \$1.10 a week. Only the patients in \$25 rooms have returned any profit. It is proposed to increase the rates for treatment in its private wards from \$10.50 to \$14 a week, and other rooms in proportion.



#### Harper Hospital, Detroit

Harper Hospital has again closed the financial year with the receipts in excess of the expenses and more patients treated than in any former year. Important plans and changes have been made that will greatly broaden the hospital's usefulness to the public. A new Harper Hospital, with 600 beds, has been decided on, and the first building is under construction. The medical affairs of the hospital have been reorganized and a resident medical director appointed.

The total expenses for the year have been about \$200,000. The cost per day for each patient was \$2.06, or \$14.42 a week. The highest number of patients in residence at any time was 225. In the training school 86 pupil nurses are in training and an elective course in visiting nursing and tuberculosis work has been arranged.



#### Recent Bequests

By the will of the late John Dobson, of Philadelphia, the sum of \$10,000 is bequeathed to the Episcopal Hospital, of that city.

The city of Poughkeepsie, N. Y., has received a gift of \$50,000 from Mrs. Samuel W. Bowne, of New York, to be used for the erection of a tuberculosis hospital to be known as the Samuel W. Bowne Memorial Hospital. The city had already started the erection of a hospital designed to cost \$40,000, and the addition of Mrs. Bowne's gift will render it possible to make the institution one of the most complete in the country.

By the will of the late Nathaniel Thayer, of Boston, the Massachusetts General Hospital, of that city, receives a bequest of \$50,000. The Boston Lying-In Hospital also receives a bequest of \$10,000 and the Clinton Hospital one of \$5,000.

The Auburn City Hospital, of Auburn, N. Y., receives \$5,000 under the will of the late Mrs. Eliza Wright Osborne, of that city.

The new Psychopathic Hospital, at Syracuse, N. Y., has been opened for patients. It has been erected by the city and has accommodation for seven patients. There are three rooms designed especially for the care of violent cases, two "hospital" rooms, and two rooms for patients who are not mentally unbalanced but suffering from some form of phychic or nervous disturbance. Miss Gertrude Filsinger is the nurse-in-charge and Dr. Locke attending physician.



TENT. BABIES' SUMMER HOSPITAL, CLEVELAND, OHIO.

#### Notes and News

A new building for the Phipps Institute, of Philadelphia, is under construction. It will consist of a hospital and laboratory, will be devoted to the study, treatment and prevention of tuberculosis, and is to cost \$250,000. Mr. Phipps, its founder, is to contribute each year \$50,000 toward its maintenance. It is stated that the building is to be unique in several respects, and will bring to the congested city district in which it is to stand the benefits of an open-air country sanatorium. The building will be five stories high and will face the Starr Garden Park.

Butler Hospital, Providence, R. I., has under construction a new nurses' home to accommodate fifty nurses.

Emergency hospitals for first aid to those who have been injured in fighting fires are to be established in each of the fifty-eight fire-engine houses of Pittsburgh. The firemen and policemen are to receive a course of instruction which will include the administration of medicine and stimulation to those who have been overcome by heat or smoke, a training in the use of anti-septics, the application of dressings and bandages, the general care of wounds, and measures for the relief of the injured.

Miss Florence Bishop has resigned as superintendent of the Miami Valley Hospital, Dayton, O.

Carney Hospital, Boston, is planning for the erection of a large pavilion for private patients with a view to putting the institution on a self-supporting basis. In 1913 the hospital will celebrate its golden jubilee.

Miss Marie Robertson, of Warren, Pa., has been appointed superintendent of the new City Hospital, Jamestown, N. Y., which was opened for patients in July.

Bethesda Hospital, Cincinnati, is to erect a new maternity building.

A four-story building will be added to the City Hospital, Holyoke, Mass., as a memorial to the late William Whiting, the funds being provided by William F. and S. Ray Whiting.

In July a new psychopathic ward was opened in connection with Bellevue Hospital, New York.

The contract has been awarded for the erection of a large addition to the administration building of Johns Hopkins Hospital. The new addition will include quarters for the superintendent.

Plans for the contagious pavilion for the Children's Hospital, San Francisco, have been completed and work will commence at once.

The building will be erected with the fund which was collected in the East for the fire refugees, and afterward, having been found unnecessary, was turned over to this institution. The total cost of the building will be \$50,000.

Dr. T. J. Pier and Dr. J. F. Beckmeyer, of Brenham, Texas, have purchased the old San Jacinto School building from the Brenham board of education. Work will be started remodeling the building and converting it into a first-class hospital. This is a facility which has been greatly needed in this section of the State for a long time. The building will be thoroughly renovated and remodeled and equipped with every facility for the treatment of disease. It will be run under the direction of Drs. Pier and Beckmeyer, but all physicians in this part of the country will find its doors open to their patients.

Plans have been finished by E. T. Lemmon and estimates will be invited shortly for the new hospital to be built at the southeast corner of Broad and Fitzwater streets, Philadelphia, Pa., for the Women's Southern Homeopathic Hospital. The structure will be fireproof, five stories high, constructed of granite and terra cotta, and will be 37 x 80 feet in dimensions, with a wing 18 x 25 feet.

The Southwestern Insane Asylum at San Antonio, Texas, is to have a new \$45,000 hospital. Money to that amount was appropriated by the special session of the legislature. Dr. F. L. White, superintendent, will ask for bids at once and expects to have the work under way in a short time, as the improvement is badly needed. Twenty-five acres of the asylum farm will also be put under irrigation to provide healthful employment for the asylum inmates.

An appeal is being made to the people of Niagara Falls and vicinity to raise the sum of \$35,000 for the new building for Mt. St. Mary's Hospital.

This money is required to help in building a new hospital that will supply the facilities without which the present institution has been most sorely inconvenienced. Recently patients sorely in need of treatment have been turned away for want of accommodations, and if the hospital is to continue in any measure of usefulness the enlargement is an utter necessity.

Mt. Sinai Hospital, Milwaukee, Wis., has widened its patronage so much in the eight years of its existence that its twenty-seven beds are no longer adequate to the demands of applicants.

The hospital is non-sectarian, and about half its patients are charity patients. Those who pay are given low rates, as the institution is not designed as a money-making enterprise, but rather to fill the need of the middle class for a hospital. Because of the increasing demand upon Mt. Sinai, the managers have decided to erect a new building, to cost from \$60,000 to \$75,000.



Dr. J. B. S. Holmes, formerly of Atlanta, Ga., has recently opened a magnificent sanatorium at Tampa, Fla., known as the Halcyon Sanatorium. Beautifully located and splendidly equipped, this sanatorium promises to be one of the greatest in the South. Miss M. O. Chase is superintendent, and Miss M. E. Parrish superintendent of nurses.

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# The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

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## The Religious Situation Among Nurses

*To the Editor of The Trained Nurse:*

May a plain home woman, who is interested in nurses and nursing because of "blood relations" who are nurses and who share her home, may such be privileged to say a few words through your splendid magazine to the nurses who say they do not go to church because "no one notices them" or because they know nobody? It is so easy to criticise the churches and so difficult to see that we ourselves are largely responsible for not knowing any one or not being noticed. The average church in a large city is visited by many visitors every Sunday. In fact, the greatest problem the city church has to contend with in many places is to "get a line" on strangers who are located in its territory. With the moving van a familiar figure on city streets, to keep track of even its own members is a difficult task. The church is more anxious to help the nurse to find in it a home, and the spiritual help she needs, than she is to get it. It needs, however, that both the nurse and the church work together. Nearly every church has its "official hand-shakers," who stand in the lobby to greet strangers going in and coming out. The real value of these officials is decidedly open to question—that is, if their duties begin and end with shaking hands.

If the nurse decides that she wants to attend some special church the best thing is for her to stop a moment after service and speak to the pastor or drop him a line. If she is a member of a church some place else she should transfer her membership, for she needs her church anchor to be in the place where she is and where it can be of some use to her.

Even if a nurse cannot attend a church regularly it will be to her advantage in many ways to unite with some of the young people's societies, or with an organized adult Bible class. Many nurses do not know of the new form which the adult department of the Sunday-school has assumed within the last five or six years, till it is now the most potent of all agencies in church life. The average adult class is more like a forum for the discussion of all problems relating to the spiritual welfare of the community. A regular

course of study is pursued, but the nurse who cannot be regular will not be embarrassed if she has not studied the lesson. If she has an opinion to express she gets a chance to do so, but if she wants to be a listener only she will find such a class a great inspiration. In the course of the year in the class I attend we have had in the lessons in the Old Testament a great variety of ethical questions discussed. We have had a special talk on "The Parable of the Good American" by a charity expert, and a talk on "Housing" as it bears on city missionary problems from the secretary of the housing association. In the temperance lessons and discussions we get a knowledge of conditions and progress in that line, and always we get something which lifts our thoughts out of the dull routine of earning a living and daily drudgery of common tasks. Then, too, we have done a good deal in a helpful way—clothed needy children, given to missionary and other good causes that nurses ought to be interested in as well as other people. In conclusion, let me again urge the nurse to drop the critical attitude in regard to the church and to adopt the helpful attitude, and herself make an effort to get into some one circle of church activity that will afford her a new train of thought and bring her in touch with the people who are working, however imperfectly, to make the world better.

(MRS.) J. C. KENNARD.



*To the Editor of The Trained Nurse:*

I was much *amused* when I read the letter in March number headed "Nurses as Churchgoers." For my part I cannot understand why nurses should go to church for the social part of it; if they simply go for that reason they might better remain at home with their patients. I consider they will do more good than to try and push their way in the so-called society.

I for one attend church every Sunday that I can possibly do so. I doubt if I have missed attending Mass on Sunday in twelve long years, since I graduated from the training school, unless it was absolutely necessary; I consider my patient comes first. I am sure I will do more good when

I have a very ill patient to remain at home and try to alleviate his sufferings than to attend church.

I have attended some churches where the minister rushed to the door to shake hands with the congregation as they passed out. I always avoid shaking hands with him, if possible; I consider it a cheap way of advertising; I have a sitting in one church which I have held for the past twelve years, and so far no one has rushed up to me to try and drag me in the so-called society, but those that I have met have been very pleasant to me.

When I attend church I go for the spiritual benefit I derive from it, and not the social part.

I consider a person who rushes around from one church to another, simply because the members do not call or send flowers when ill, must be very narrow minded and their religion very shallow and empty.

MARGERY THORNE.



*To the Editor of The Trained Nurse:*

I should like to say just a word in answer to the letter by Miss Bruning in the August issue of THE TRAINED NURSE. There is a great deal of truth in what she says, but I know of one church at least, the Unitarian, which takes exactly the stand she takes, and which does not stand for any outworn creed, but for love and brotherhood and mutual helpfulness, for the constant progress of mankind and the eternal value of truth. To state its creed: The fatherhood of God, the leadership of Jesus, the brotherhood of man and the progress of mankind onward and upward forever.

MASSACHUSETTS.



### Answer to a Legal Question

*To the Editor of The Trained Nurse:*

I would like to give my answer to the letter in the July number headed "A Legal Question." I would say to the nurse that there are few nurses in private practice who do not have cases similar to hers to deal with, and even worse ones, and about all one can do is to ignore them. I gather from her letter that the doctor had much to do with the getting of the other nurse and she can count herself lucky if she gets paid for the time that she was actually with the woman, for the very fact that another nurse was engaged is proof that the question was a financial one. The price charged was not too high, for I know by experience that "the big price that nurses get" looks very small in a few days when one has to be on night and day duty and do the housework also. I should not try to collect for the time lost. Take to heart the last two lines of the letter by Elizabeth E. O'Keefe in June number.

I should also like to say a few words in answer to the letter "A Question of Ethics" in July number. I think the nurse did wrong to leave the case because the former doctor was discharged, providing he was not competent. But if his discharge was only at the whim of the family, I feel very much in favor of the action.

A NURSE OF THE MIDDLE WEST.



### A Private Duty Problem

*To the Editor of The Trained Nurse:*

One of the greatest problems that comes to the private duty nurse is how to get enough sleep. Wherever I meet with private nurses and have a chance to talk "shop," the question of sleep or relief while on duty in homes comes up.

On most cases which I have nursed, where I have had trouble in getting a chance to sleep undisturbed, there was some one of the family or relatives who might have relieved me if they had chosen to do it.

It seems to me that such a vital matter to nurses should not be left to chance. The proposal to try to limit the nursing hours to twelve and have two nurses for every patient will, I am sure, never be generally accepted by the public. There are occasional cases where two nurses are a real necessity, but such cases would not average more than one in a year. I mean by this patients who are delirious and hard to control and so serious that it is unsafe to leave them in untrained hands for even a few hours.

If a nurse gets six hours consecutively off duty every day she can usually make up enough sleep while her patient sleeps, besides the six hours, to keep in good condition.

Could not such a matter be managed through the registry in this way: Have a regular charge by the day or week, based on the agreement that the family must see that the nurse is to have at least six hours off duty out of each twenty-four, and that if this relief is not provided there will be an additional charge of fifty to seventy-five cents or a dollar a day. In order to save the extra charge nine families out of ten will manage to provide some one to relieve. It is generally understood that traveling expenses are to be paid by the employer if a nurse leaves the city.

The hospitals started the custom and registries have maintained it. Could not the registries with which nurses are connected make a similar rule in regard to hours for sleeping and extra charge?

There are, of course, numbers of patients whose condition is such that a good amount of sleep can be secured at night. In obstetrical nursing the



night is usually disturbed so that the sleep secured does not rest one sufficiently.

The proposal to have the registries make an extra charge if the nurse is not relieved at least six hours seems to me the one way out. If the nurse is not treated justly then in the arrangement for sleep and recreation she will at least get some extra compensation. I would like to hear through *THE TRAINED NURSE* from other private nurses on the subject.

BETSEY.

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### Obstinate Colic

*To the Editor of The Trained Nurse:*

As I am a very young nurse I am claiming the privilege of asking for advice and suggestions from older and more experienced nurses.

I have recently nursed my sister through her first confinement. She is healthy and seemed to have an abundance of milk, but from the day that the baby began to nurse he suffered at least two or three attacks of colic every day and was so cross we were all nearly worn out.

He is now nearly two months old and the same condition continues, but he is growing finely and otherwise seems healthy. We tried all the remedies, preventive and curative, that we knew. No change in the mother's diet seemed to influence the colic a particle. Peppermint and water, rectal injections of warm water, heat to the feet and body, rubbing and massage were all tried, but we were unable to secure anything more than temporary relief.

All the neighbor women looked wise and remarked that it was "three months' colic," and a thing to be expected and accepted as a matter of course. I felt that my education must have been neglected, since I had not even heard of "three months' colic" while in training.

Will some nurses who have been successful in getting to the bottom of this trouble and removing its cause please advise me how to deal with it in the future?

MARION G. HELM.

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### Personal Experiences in Western Canada

*To the Editor of The Trained Nurse:*

One morning in January, with deep snow and the thermometer registering 45 degrees below zero, the doctor's sleigh stopped at my door to take me into the country where he was going to operate. I was hurrying out, not having had breakfast, when the cook rushed at me with a glass of milk, which proved to be worse than nothing, for after a rough ride of eight miles I was led to believe that my stomach contained a small por-

tion of butter and an indefinite quantity of buttermilk.

We at last arrived at our destination and were ushered into the patient's room. Such a room! We will say nothing of its cleanliness, but merely mention the fact that it contained a stove, table, bookcase, sideboard, patient's bed, couch, washstand and cream separator. To remove a ruptured appendix in such a place gave me a cold, clammy feeling. But we got to work, the operation was successful and all went well, and now when I occasionally meet our patient, with her beaming smile, I wonder if it was all a dream.

On a recent case I was strongly reminded of my days as a pupil nurse. On entering my patient's room my nasal organ was confronted by a most peculiar odor. I decided it must be the "odor of death" of which our superintendent so often spoke. I was really delighted with the fact that I recognized this odor, for previously I had always been unable to identify the death odor, which our superintendent had considered very dull of me. However, on further investigation I found that my aforesaid organ was not to be depended upon for a proper diagnosis, for I discovered this odor was from a great conglomeration caused by urine and feces having soaked through the mattress into a box of rotten potatoes under the bed. I was not familiar with this odor, consequently did not recognize it.

Again I remember a drive into the country which must have been a picturesque scene, for as I glanced around to wave good-by I beheld my sister standing in the doorway holding her sides and laughing, while my brother was busy with the kodak. I have seen some hard-looking horses but none to equal this one—yet, I doubt as to its being any more ancient than the vehicle which not too noiselessly conveyed us along our weary way. I would not doubt the fact as to its once having been upholstered. However, all identification of this had long since passed away. Seat and back were now decorated with a gray outing-flannel blanket, which, as we turned the corner into Main street, floated out into the breeze looking like a flag for relief.

A gaudy patchwork quilt served as a lap rug. My companion's appearance was very similar to that of his outfit. Nevertheless, after a twelve-mile drive over the prairie I arrived to find the entire family connection on both sides back to second cousins, including the neighbors for miles around, lined up on the driveway from the gate to my patient's room, and, after I had met and shaken hands cordially with all of them, I was escorted to the sick one. He was in an 8 x 10

room, containing an organ, three chairs, stove, table and several of the family. He had pneumonia. Windows had not been open since last fall.

Oh, that dirty house, and yet it was nothing compared with the "eats," which were bad. I would have wept for joy if I could have sat down to spoiled veal just "het" through, cornmeal mush and baked potatoes (training-school diet). In the morning when I entered the dining room I beheld a long table flanked by two lines of boys with bristling, uncombed heads and sleepy, unwashed faces. This took my appetite to start with and I did not chirp up any when I sat down. The cloth was red and soiled, the dishes sticky, and every person stared at me as if I were a curio. Nevertheless, it is only such experiences as I have related which serve to break the monotony of a nurse's life in the country.

CARNDUFF, Sask., Can.



### Comfortable Uniforms for Nurses

*To the Editor of The Trained Nurse:*

The letter from "Virginia" in the August number of the magazine contains a point well taken, the adoption of a comfortable and sensible dress for nurses in warm weather.

As a pupil nurse I suffered much from high, stiff collars and long sleeves and stiff cuffs in hot weather. When I became superintendent of nurses, I allowed my nurses, where they wore the high bishop collar and low-cut bib, to substitute a soft band of tucked or plain white material, stipulating only that it should be very plain. When they wore the high bib, reaching to the neck of the dress, I allowed them to discard collars entirely, simply turning in the neckband of the dress. If a kerchief is worn no collar is needed, and it may be pinned a trifle lower in hot weather.

I found always that the doctors approved of the change and thought it sensible, and that the patients said it made them happier to see their nurses looking comfortable.

I discovered that I was doing a great deal of scolding about cuffs so frequently being off and sleeves up. The excuse was invariably, "I just took them off," or "I was just going to put them on," but the fact remained that cuffs were off and sleeves up about half the time, and the nurses reminded one of laundresses and scrubwomen. I therefore had them cut their sleeves off just below the elbow, finish them with a narrow buttoned band (so that they might be pushed up to the shoulder upon occasion), and baste over this

band a turnover fold of white linen. This made a neat finish, looked dainty and clean, yet was out of the way and needed changing but twice a week. Meantime the nurses were comfortable, yet ready for nearly all their work without the trouble of taking off cuffs and putting up sleeves. Also, they required fewer scoldings for untidy appearance.

We liked the plan so well that we continued it throughout the year. MARMION.



### Is There Any Relief?

The following letters have been received in answer to the letter, "Is There Any Relief?" which appeared on page 122 of the August number:

*To the Editor of The Trained Nurse:*

"Ohio" writes of a case of eczema that had been treated by different physicians with no satisfactory result. I beg to state that I have seen cases of five or six years' standing cured with X-ray treatment, where lotions and ointments had no effect whatever. The cure was not always permanent, but there would be no recurrence of the eczema for four or five years, and the treatment when tried again would be as beneficial as previously. I would like to suggest the X-ray.

A TRAINED NURSE.



*To the Editor of The Trained Nurse:*

In reply to the letter in the August number by "Ohio" I would like to give my experience of a similar case of even longer standing. I had a complete cure by the constant use of Resinol Soap and Resinol Ointment. This is not intended as an advertisement for the Resinol Company, but for the benefit of the patient. I would like "Ohio" to try it and advise THE TRAINED NURSE magazine as to results.

ELLA K. HOPKINS.



*To the Editor of The Trained Nurse:*

I would like to offer a suggestion to the question of "Ohio": Is there any relief?

Two patients suffered in a manner similar to the one described by "Ohio." One patient was entirely healed and the other very greatly relieved.

The lotion was applied first diluted half and half with water, whenever patient was annoyed by itching. It will sting at first, but will relieve the itching and the membranes soon heal. When membranes seem entirely healed it is well to continue use of Lotion night and morning for a time. With my patients the trouble was not of more than three years' standing. INDIANA.

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# Book Reviews

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*Hygiene for Nurses.* By Herbert W. G. Macleod, B.Sc., M.D., Edin. Cloth, 233 pages. Price, \$1.50.

This book is apparently designed to be of use mainly to nurses in Great Britain and Ireland. A considerable portion of the text is devoted to the sanitary laws of England, Ireland and Scotland, and to the special sanitary regulations and by-laws enacted by the London County Council and Local Government Board.

Chapters are devoted to air, ventilation, heating and lighting, water, drainage, the disposal of sewage, infection, disinfection, food, milk, etc., personal hygiene and public health acts. One looks in vain in it for a discussion of the hygiene of occupations or the relation of occupations to health, a subject which is considered of paramount importance by those who in America are leading the advances in the line of public health and safety. The illustrations are numerous and the book attractively gotten up.



*Human Physiology.* By John W. Ritchie, Professor of Biology, College of William and Mary, Virginia. Cloth, 362 pages, illustrated. Price, \$2.00.

While this volume has been designed especially for use in public schools, it is well worth adding to the library of the nurse who attempts to teach anatomy, physiology and hygiene to pupil nurses, or who is expected to give "health talks" to schoolchildren. The author has attempted to combine in one volume the essentials of anatomy, physiology and hygiene which every individual needs to safeguard his health.

In his preface the author states that the ground work of physiology and pathology has in recent years so shifted and extended itself that an elementary course must include some important changes if the instruction in hygiene is to have a substantial basis.

A considerable part of the volume is devoted to communicable diseases and their prevention.

In many important respects the book is an advance over many other books designed for the purpose which are now in use. One cannot but wish that every probationer admitted to hospital schools was required to have a practical working knowledge of the contents of this book

before admission. It should prove an admirable preparation for the studies of the first year of a nurses' course.



*The Blues, Causes and Cure.* By Albert Abrams, A.M., M.D. (Heidelberg), F.R.M.S. Fourth edition, revised and enlarged, illustrated. Price, \$1.50.

The previous editions of this book have been reviewed in our columns, but to those to whom the book is unknown and who may not understand the title we would state that the author recognizes the condition generally known as "the blues" as a heretofore undescribed variety of nerve exhaustion, which he designates as Splanchnic Neurasthenia. He refers the origin to a congestion of the intra-abdominal veins. He believes the different forms of this kind of neurasthenia when recognized are specially amenable to the treatment suggested in the book. That the book has reached its fourth edition speaks for itself.



*Diseases of Infants and Children.* By John Ruhrah, M.D., Clinical Professor of Diseases of Children, College of Physicians and Surgeons, Baltimore. Third revised edition. 12mo volume of 534 pages, fully illustrated. Flexible leather, \$2.50 net.

This book has been so cordially received that it was thought advisable to largely rewrite it, enlarging many articles and also inserting many new paragraphs and sections. Among some of the parts of the book that have been changed in this edition are the articles on the examination of sick children, food intoxications, bronchopneumonia, the examination of the heart, examination of the nervous system and the section on therapeutics. A table showing the doses of the most useful drugs suitable for children of various ages has also been added, as well as instructions concerning the summer, the care of the mentally deficient, the blind, and the deaf. The entire section relating to the infectious diseases has been rewritten. Sixty-one new illustrations have been added, almost all of which are from photographs of actual cases taken by the author. For sale by the Lakeside Publishing Co.



GRADUATING CLASS, 1911, GOWANDA, N. Y., STATE HOMOEOPATHIC HOSPITAL.

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# In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE

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## Spanish American War Nurses

The twelfth annual convention of the Spanish-American War Nurses was held at Oklahoma City August 21. Owing to the unavoidable absence of several of the officers, it was thought best by those present that little business should be transacted, and the convention was given over to events of a social nature, of which there was seemingly no end. All of Oklahoma City, and especially the nurses, were most generous in their hospitality. A full account will be given in the annual report.



## Red Cross Stamps Barred

In view of the trouble experienced from the use of the Red Cross stamps during the last Christmas holiday period, Postmaster General Hitchcock issued a general order that no adhesive stamps except United States postage stamps should be attached to the address side of a letter or package.

Tens of thousands of stamps now are being issued, including Panama Exposition stamps, various State exposition stamps and what are known as the McNamara legal defense fund stamps, authorized by the American Federation of Labor.

Thousands of letters bearing such stamps on the obverse side of the envelopes are being received at the dead-letter office. The problem of handling letters bearing such stamps is so serious that it was decided by Postmaster General Hitchcock and Third-Assistant Britt that no stamps resembling United States postage stamps may be used on either the obverse or reverse side of mailed envelopes. This order will eliminate from the mails absolutely the Red Cross stamps and the McNamara defense fund stamps, because on their faces they are called "stamps."

After considering the matter Postmaster-General Hitchcock decided not to modify his previous order in any respect.



## Connecticut

The annual exercises of graduation of the Nurses' Training School connected with the Me-

morial Hospital, New London, were held Thursday evening, Sept. 14, at 8 o'clock, in the parish house of the First Church of Christ.

B. P. Learned presided. Dr. E. P. Douglas, of Groton, addressed the graduating class. The diplomas were presented the graduating class by Dr. John G. Stanton.



## New York

In the thirty-fifth annual report of the New York City Training School for Nurses, Blackwell's Island, a resumé of the important steps in the development of a great training school is given by the principal, Miss Jane M. Pindell. The school at present has the following staff: one superintendent or principal, three assistant superintendents, two supervising nurses, eleven graduate nurses, four nurses taking special post-graduate training, 102 pupil nurses and ten probationers. In 1908 the course of training was changed from three to two years and a post-graduate course of one year was established, with special instruction in administrative work. All instruction is given during the day, leaving the evenings free for recreation and study. All instructors are compensated for their services. At the end of the two years the graduates are prepared for general bedside nursing, and after that ample opportunity is given them to specialize in any branch of nursing that is desired.

At a meeting of the Kings County Registered Nurses Association, Brooklyn, held April 18, 1911, a new constitution and by-laws were adopted, thereby changing the name to that of "Kings County Nurses Association." The officers are: president, Miss M. J. Parry; vice-president, Miss Whitley; recording secretary, Miss I. M. Horrocks; treasurer, Miss D. M. MacDonald; corresponding secretary, Mrs. Alberta Ross Henriksen.

The notice of contest that was filed against the will of the late Walter E. Duryea on July 15 by his sister, Mrs. Eva Thalberg, was withdrawn and the document was admitted to probate

August 30 at Mineola, L. I. Miss Eleanor Peregrine, the nurse who was in attendance upon Mr. Duryea during his twelve years of almost complete helplessness following an accident in which his neck was broken, will receive the fortune which was bequeathed to her. The reason for the withdrawal of the opposition to the will was a provision which cut off any of the beneficiaries who should contest it. The lawyers informed Mrs. Thalberg of this paragraph, and at once received notice that the contest was abandoned.

The will has been given much publicity, and many sensational figures regarding the estate have been given, but it is learned on reliable authority that the estate, instead of amounting to several million dollars, has a total value of about \$700,000, and of this Miss Peregrine will receive about \$200,000. Other beneficiaries are the testator's three sisters and their children, numerous relatives and friends of Mr. Duryea and several charitable institutions and hospitals.

Mrs. M. J. Vreeland, who for the past three years has filled the position as superintendent of nurses at the Westchester County Hospital, East View, N. Y., most satisfactorily to all concerned, resigned the position, to take effect September 1.

Mrs. Vreeland has accepted a higher civil-service position—superintendent of the Binghamton State Hospital Training School, at a salary of \$1,200 per year and maintenance. During the three years at East View, she has made many friends throughout the State and the county officials lose a valuable head at the hospital. She possesses marked executive ability and has placed the hospital on a high standard. She is a superior woman and an excellent graduate civil-service nurse. Her place will be hard to fill.

Health Commissioner Fronczak, of Buffalo, has appointed six nurses from the civil service eligible list, who will work for the department of health in looking after communicable disease cases. Their appointment was made possible by the action of the common council and the mayor in undertaking to take over a part of the work which has been done by the District Nursing Association. The salary of these nurses will be \$60 per month. Those appointed are as follows:

Bertha H. Gibbons, Gertrude M. Beale, Helen Lamprie, Minnie J. Cannon, Phyllis S. Wood, Pauline E. Rath.

They will be put to work in the new department of which Dr. Robert O. Eichel is the head, which is to wage an effective campaign against the white plague.

Six young women were graduated from the Saratoga Hospital Training School for Nurses, Saratoga, September 5. Those who finished the course are:

Miss Frances I. Finley, Miss Robbie Almeda Michael, Miss Grace Love Milliken, Miss Irene Frances Race, Miss Florence Darthula KirkPatrick and Miss Zoa Margaret Shepherd.

The exercises were opened with music, and a prayer by the Rev. Dr. Joseph Carey. On the stage were seated the graduates of the training school, the president of the board of managers, Mrs. James W. Lester, Dr. Carey, Miss Lawrence, the superintendent of the Saratoga Hospital; Dr. A. W. Elting, of Albany, and Dr. G. Scott Towne. After the invocation by Dr. Carey, Dr. Towne introduced Dr. Arthur W. Elting, of Albany, the noted surgeon. In his address to the graduates Dr. Elting strove to impress upon them the nobility and importance of their chosen life work and the necessity for the highest characteristics in its pursuit.



### Pennsylvania

A District Nursing Association has been organized in Pittston, Pa., with Miss Mary E. Judge, a graduate of Mercy Hospital, Wilkes-Barre, in charge of the work.

The management of the Hippodrome Theatre, Pittston, Pa., gave a benefit day for the District Nursing Association. Pictures of the work done by a visiting nurse was one of the attractions. \$112 was netted for the association.

The authorities of the Altoona Hospital announce that they have room for several more student nurses.

The Altoona Hospital Training School has increased in membership rapidly during the last few years. Five years ago there were only fifteen students in training, while there are now twenty-one young women preparing there. The number of patients has increased to a daily average of ninety, and this increase in hospital work makes it possible for the authorities to increase the number of students to thirty.

The hospital gives a three-year course; the students reside in the Nurses Home. The compensation per month during training amounts to \$8 for the first year, \$10 for the second and \$12 for the third.



### District of Columbia

The National Association of Colored Graduate Nurses held its fourth annual convention at Lin-

coln Temple Church, Washington, August 15, 16, 17.

Dr. W. A. Warfield, surgeon-in-chief of Freedmen's Hospital, delivered the address of welcome, which was responded to by Mrs. G. E. Vorhees, of Philadelphia, Pa. Dr. A. M. Curtis, president of the National Medical Association, of Washington, made an address on "The Relationship of Nurse to Physician." A number of interesting papers were presented.



#### North Carolina

The State Nurses' Association at its last annual meeting inaugurated a movement to build a Nurses' Home at some point in the State having a good climate and good surrounding conditions. Miss Birdie Dunn, of Raleigh, was made chairman of the committee. A site has already been donated. The gift is from Dr. I. J. Archer, of Cragmont Sanitarium, at Black Mountain.

The plot is on the beautiful Cragmont estate at Black Mountain, which embraces several hundred acres in the very heart of these splendid mountains. The home will be in close proximity to Cragmont, sharing its pure and abundant water supply, which is furnished by gravity, free. The purpose is to have a home to which nurses may go at any time for rest and recreation, winter or summer, and have a housekeeper always in it, always ready for any of the nurses to visit.



#### Georgia

Miss Luell C. Meier has been elected superintendent of nurses of the Brunswick Hospital Training School for Nurses, to succeed her sister, Mrs. R. L. Robertson (née Miss M. L. Meier), who held that position for the past three years.

Miss Edna A. Meier was elected assistant superintendent of nurses, to fill the position occupied by Miss Luell C. Meier.

The three sisters graduated from the Jewish Hospital Training School for Nurses, Cincinnati, Ohio.

Miss Margaret N. Jones, the first graduate of the Brunswick Hospital Training School for Nurses, received the highest average at the State examination for nurses for registration in Georgia, in June, 1911.



#### Louisiana

The Class of 1911 of the Hotel Dieu, New Orleans, held its graduation exercises September 5, in the class room, which was decorated in the class colors, blue and white, and with pot plants of various kinds. The sisters in charge of the hos-

pital, Dr. Marion Souchon, house surgeon, Dr. M. E. Brown, resident physician, and the nurses were the only ones present during the exercises.

Preparatory to the graduation exercises mass was said by Rev. Father Schultz in the chapel of the Hotel Dieu, in thanksgiving for the success and prosperity of the graduate nurses. The Catholic nurses received holy communion in a body.

The principal address to the graduates was made by Dr. E. S. Lewis, who laid much stress upon the character and position of the life of a trained nurse.

At the completion of the exercises Dr. Souchon tendered the use of his automobile to the young graduates, who enjoyed a ride throughout the city and Algiers. Upon their return to the Hotel Dieu they were surprised and entertained by the nurses in training, who had prepared a sumptuous banquet in the dining hall, which represented a Japanese Eden. Following the banquet several selections were rendered on the piano by some of the nurses. Dancing was then in order.

The graduating class was composed of Miss Josephine McLaughlin, Miss Goldie E. Back, Miss Nellie M. Cowart, Miss Henrietta M. Mil-  
liot, Miss Bertha M. Booske.



#### Ohio

Miss Hanna Buchanan, late registrar of the Cleveland Visiting Nurse Association and student of the department of the district nursing and public health at the Teachers' College, Columbia University, will teach classes in social nursing under the cooperation of the Associated Charities, the Antituberculosis League, the Babies' Dispensary and Hospital, Western Reserve College and the Visiting Nurses' Association, at Cleveland. Several scholarships have been offered for nurses who may desire to enter the class at Cleveland this year. A few cover the cost of tuition only, others are available which are estimated as the equivalent to the living expenses. The class will be opened in September, and the course affords variety in field work as well as collegiate lecture courses and class discussion.



#### Illinois

##### CHICAGO CIVIL-SERVICE EXAMINATION FOR SCHOOL NURSE

1. Give common treatment and precaution and technical name for each of the following: Itch, lice (body), lice (head), inflamed eyes, cancer, impetigo, ringworm.

2. Name five cheap disinfectants and special causes for using same.

3. What three important things are accomplished in medical school inspection?

4. What relation has bad housing to the welfare of the schoolchild and what six important things would you mention in investigating the house?

5. Why would you advise immediate attention to, and what diseases are indicated by the following conditions? (a) General malaise; (b) peculiar convulsions; (c) high fever; (d) intestinal pain; (e) tumors on eyelid; (f) inattention; (g) bad breath; (h) labored breathing.

6. Name some common medicines you may prescribe without a doctor's order.

7. Name five important defects a nurse would look for in examining a child, and your procedure for correcting each.

8. What precautions are necessary in giving a hot bath, steam inhalation, hot pack, and what conditions would indicate their use if there were no doctor?

#### SUBJECT—REPORT UPON AN ASSUMED STATE OF FACTS

1. In case of a severe surface burn, what would you do for the child until the doctor came, and why?

2. In going into a house where a schoolchild was ill and you found an expectant mother, what instructions would you give her? State fully.

3. If you found a child ill, requiring any of the following treatment, how would you teach the mother to make: (a) mustard plaster; (b) flaxseed poultice; (c) turpentine stupe; (d) barley water; (e) sterilized milk.

4. If you were called upon to fit out an emergency bag for a school nurse, what equipment would you put into it, and why?

5. If a family of schoolchildren was very ill—scarlet fever or diphtheria—what would you do for the case on your own responsibility?

6. If a child were a habitual truant, what would be your responsibility in the matter?

#### SUBJECT—EXPERIENCE

(Answers to questions on experience will be verified.)

1. How old are you?

2. What has been the extent of your education? Mention the schools you have attended and the length of time you spent in each.

3. From what training school for nurses did you graduate? Where is it located? What was the length of the course? When did you graduate?

4. Explain fully the nature of the work you have done since entering the nursing profession.

5. Have you ever had any experience as a school nurse, or in work of a similar character? If so, state when, where, how long and the nature of the work you did.

6. State any other experience you may have had that would tend to fit you for the position of school nurse.

#### EXAMINATION FOR THE SUPERVISING NURSE OF SCHOOL NURSES, CHICAGO, ILL.

1. What are the qualifications necessary for an efficient school nurse?

2. What are the duties of a school nurse? (a) In the school; (b) at the homes of the pupils. (Write fully upon this question.)

3. What are the duties of a medical inspector in the school?

4. Outline a scheme by which the work performed by each nurse can be kept on file in the S. N. office for reference.

5. What are some of the other large cities of the United States doing in the way of S. N. work?

6. What instructions would you give a school nurse in case she should enter a home where scarlet fever or diphtheria exists?

7. In routine inspection of schoolchildren by the nurse, what conditions in the schoolchildren should be looked for?

8. What are some of the causes of high death rate among babies in the summer season?

#### REPORT UPON ASSUMED STATE OF FACTS

This paper will be marked on the knowledge the applicant shows in handling this subject and upon her ability to express her ideas clearly.

Assuming that Chicago has 260 public schools and 130 parochial schools and that 40 nurses were assigned to you to do the work, make a report addressed to the commissioner of health explaining fully how you intend to dispose of this force of nurses in order to secure the greatest good from their services.

At a meeting of hospital representatives held at Chicago September 8 a resolution was adopted favoring the repeal of the State law requiring nurses to have an education equivalent to that of a high-school graduate and to serve three years in some authorized hospital. Dr. Max Thorek, president of the American Hospital, said: "It has been clearly demonstrated that high-school graduates do not make the best nurses. The law tends to eliminate from the field women less tal-





The **Apex Nursery Washer** is the simplest and most efficient machine yet invented for the purpose of washing children's clothing and infants' wear.

It will not damage laces or other fine materials, yet will wash the most delicate fabrics thoroughly clean.

The **Apex Nursery Washer** is absolutely sanitary, built entirely of metal, and is rust proof.

Can be operated on sink board, on a table, or on a stool.

Finished with aluminum enamel and with natural finished wood base.

Dimensions—14" wide, 17" long, 23" high.  
Capacity 1 dozen towels or the equivalent.  
Price \$10.00. Express prepaid.

**APEX APPLIANCE COMPANY**  
333 South Dearborn Street  
CHICAGO

## THE NEW INTERNATIONAL ENCYCLOPEDIA SAYS

Cod Liver Oil is one of the most valuable therapeutic agents, that the benefit derived from it in diseases associated with loss of flesh cannot be over-estimated.

There is no truer, purer, more dependable preparation of Cod Liver Oil than

## Scott's Emulsion

It is scientifically perfect, has *No Alcohol*, no drug, does not separate, and is tolerated by the most sensitive stomach.

**SCOTT & BOWNE,**  
*Bloomfield, N. J.*

ented and educated, but who are possessed of good sound common sense."

Because trained nurses are classed as members of a profession, Chicago legal authorities have decided that the ten-hour law does not apply to them. A leading newspaper, commenting on the decision, says:

"This is another illustration of the advantages enjoyed by labor. If you are a workingman or woman you need toil only eight hours a day, or at most but ten, but if you are a lawyer, or a doctor, or a nurse, or a newspaper man, you may slave for nineteen hours a day and no one will lift a hand to interfere. The good things of this world, including time, are very unevenly divided."



### Michigan

The establishment of a free dental clinic in Grand Rapids, which is to be opened at Butterworth Hospital at the beginning of school, under the auspices of the District Nursing Association, will make additional work for the school nurses, upon whom will fall the responsibility of investigating the families whose children are to have the advantages of the clinic.

The children's home conditions will be investigated, as are the homes of those who receive the benefits of the Charity Organization Society, in order to confine the scope of it to only those who are worthy.



### Minnesota

The annual meeting of the Ramsey County Graduate Nurses' Association was held in St. Paul September 4, in the medical library in the Lowry Building. Officers were elected as follows: Miss Abbie Peters, president; Mrs. Sydney Robinson, vice-president; Miss F. Hazel, secretary, and Miss Lena Hill, treasurer.

The matter of the unauthorized directory of nurses issued in St. Paul recently, unknown to the association, was brought up. The St. Paul Jobbers and Manufacturers Association will be appealed to through the secretary, J. H. Beek, and asked to notify the advertisers in the directory that it is unauthorized, and steps will be taken to prevent the recurrence of this advertising scheme.

A social was given Friday, September 8, at the home of Mrs. Mary B. Wood, for Miss Anna Mallough, retiring president of the association, whose marriage to Fred Johnston took place September 12.

The Nurses' Association will meet the first Monday of each month with Miss Mary Wood, and will arrange for a series of medical lectures by local physicians.

### Nebraska

Trained nurses of Omaha are to be incorporated in one body, known as the Official Registry of Omaha Nurses of the Nebraska State Nurses Association. Miss Gertrude Smith will be official registrar.

At the meeting of nurses held at Clarkson Memorial Hospital the following officers of the registry were elected: Miss Ellen Stewart, superintendent of Clarkson Hospital, president; Miss Carrie S. Louer, vice-president; Miss Mabel Christie, superintendent Douglas County Hospital, secretary; Miss Marie C. Wieck, director of nurses at Omaha General Hospital, treasurer. Articles of incorporation were sent to the State headquarters at Lincoln.

The purpose of the registry is to supply registered nurses to physicians and the public from one official list, as is the custom in some large cities. Heretofore in Omaha nurses have been scattered, living in various boarding houses. It has been difficult at times for doctors and the public to get nurses. Under the new regime all nurses will be on the one official register.



### Idaho

AN ACT to provide for and regulate the examination and registration of graduate nurses.

*Be it enacted by the Legislature of the State of Idaho:*

SECTION 1. Upon taking effect of this Act the governor shall appoint, within sixty (60) days, a State Board of Examination and Registration of Graduate Nurses, whose duty it shall be to enforce the provisions of this Act.

The Idaho State Association of Graduate Nurses shall nominate four (4) nurses and two (2) physicians, from which list the governor of Idaho shall appoint an examining board of two (2) nurses and one (1) physician. The nurses appointed on this board shall have been graduated from reputable training schools for nurses for a period of at least five (5) years, and, with the exception of those appointed as members of the first board, shall have been registered under the provisions of this act. The physicians appointed on this board shall have been graduated for a period of at least five (5) years at the time of appointment. The members of this board must be actual residents of this State and engaged in professional work.

The members of this board shall be appointed to hold office as follows:

One for one (1) year, one for two (2) years, one for three (3) years, each member holding office

# Works Without Waste

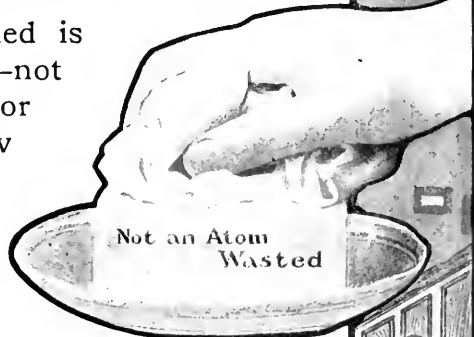
Conservation is the keynote of the times.

Conservation of energy, of money and of time is the secret of the fame of that big, solid, slow-wearing cake.



# SAPOLIO

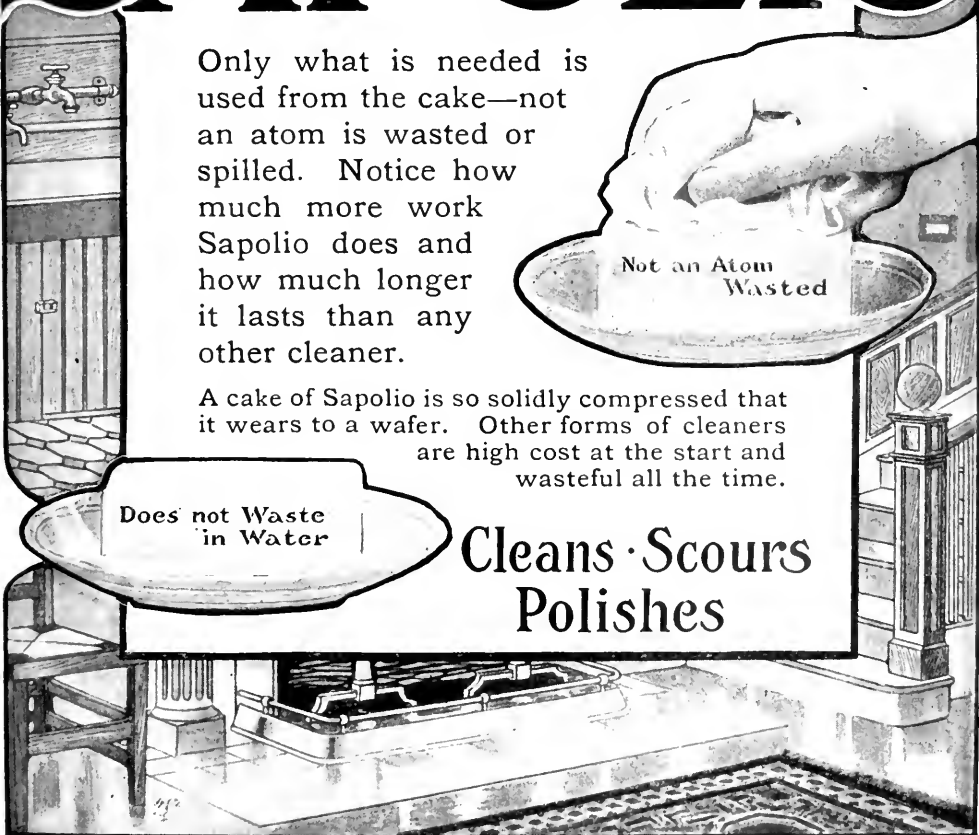
Only what is needed is used from the cake—not an atom is wasted or spilled. Notice how much more work Sapolio does and how much longer it lasts than any other cleaner.



A cake of Sapolio is so solidly compressed that it wears to a wafer. Other forms of cleaners are high cost at the start and wasteful all the time.

Does not Waste  
in Water

Cleans · Scours  
Polishes



from time of appointment until a successor is chosen by the governor.

All appointments shall be made so that the term of office shall expire on the first day of March of each year, and, upon the expiration of the term of office the governor shall likewise fill the vacancy for a term of three (3) years, from the list of six (6) names submitted to him each year by the Idaho State Association of Graduate Nurses. An unexpired term of an examiner caused by death, resignation or otherwise shall be filled in the same manner as an original appointment is made.

SEC. 2. The members of the board shall meet in the city of Boise, as soon as organized, and shall elect from their number a president, who shall act as inspector of training schools for nurses, and a secretary, who shall act also as treasurer. Two (2) members shall constitute a quorum, and special meetings of the board shall be called by the secretary upon the written request of any two (2) members.

The board shall adopt a seal, which shall be placed in the care of the secretary. The secretary shall be required to keep a record of all meetings of the board, including a register of the names of all nurses and training schools for nurses registered under this act. Said register shall, at all reasonable times, be open to public scrutiny, and the board shall cause the prosecution of all persons violating any of the provisions of this act and may incur necessary expense on this behalf.

The inspector shall annually inspect all training schools for nurses existing in the State of Idaho, and shall register such schools as fulfill the requirements designated by the examining board.

The board shall provide a schedule of the subjects upon which applicants shall be examined to qualify for the requirements of this Act.

The salary of the secretary shall be fixed by the board, and shall not exceed five hundred dollars (\$500) per annum, said salary not covering traveling expenses and other expenses incurred in discharge of official duties. The other members of the board shall receive four dollars (\$4) each per day for each day actually engaged in attendance upon meetings of the board, and in going to and coming from their place of meeting, and inspection of training schools for nurses, and all legitimate and necessary expenses incurred in attending such meetings. All expenses of the board, including such salary and compensation, shall be paid from the fees received by the board. A report of all receipts and expenditures shall be made to the governor by December 15 of each year.

SEC. 3. It shall be the duty of the board to meet in the city of Boise for the purpose of holding examinations not less frequently than once every year, and at such times as they may determine; the board shall also, at least once a year arrange for an examination in some convenient place in the northern part of the State. The board shall, from time to time, adopt rules for the examination of applicants for registration, in accordance with the provisions of this act.

Notice of the meetings of the board shall be given to the public press and to at least one journal devoted to the interests of professional nursing, and by mail to every applicant and to every reputable training school in Idaho, at least thirty (30) days prior to the meeting. At such meetings it shall be the duty of the board to examine all such applicants for registration under this Act as are required to be examined, and to issue to each duly qualified applicant who shall have complied with the pertinent provisions of this Act the certificate provided for in this Act.

Any person to whom a certificate of registration shall be issued shall, within thirty (30) days thereafter cause the same to be recorded with the county clerk of the county in which such person resided at the time of application. Such persons shall be prepared, whenever requested, to exhibit such certificate of registration or a certified copy thereof. Registered nurses changing residence in the State must present a certificate of registration or a certified copy thereof to the county clerk within thirty (30) days of the time of establishing new residence.

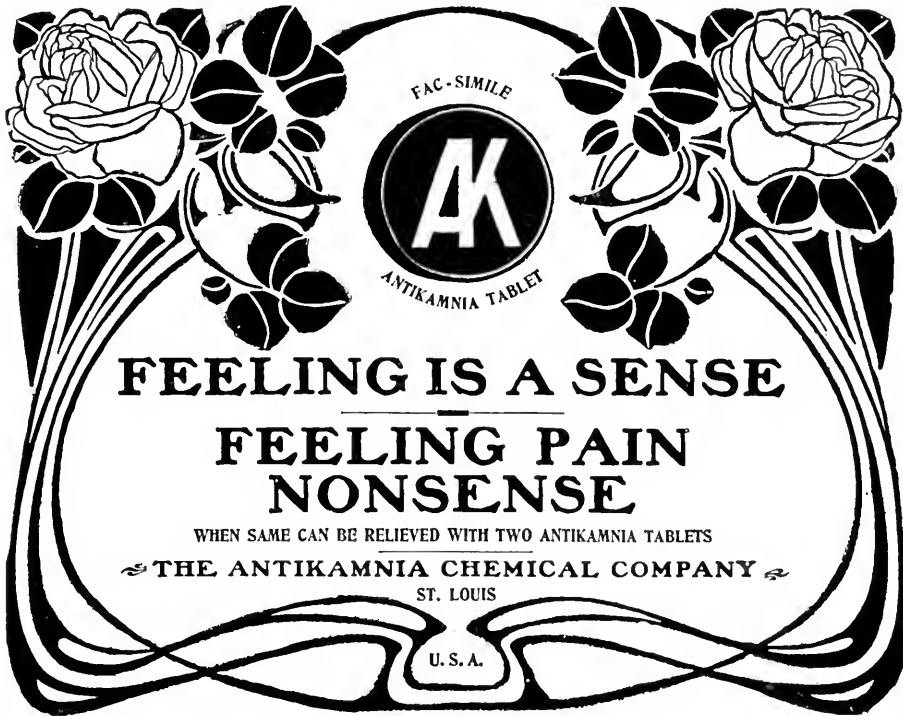
All applicants for registration shall furnish satisfactory evidence that he or she is twenty-one (21) years of age, of good moral character, and has been graduated from a training school for nurses connected with a general hospital approved by the board, where a systematic course of at least two (2) years' instruction is given.

SEC. 4. On compliance with the pertinent provisions of this Act nurses otherwise qualified shall be entitled, upon the payment of ten dollars (\$10), to registration as follows:

*First*—Without examination, provided they make application prior to July 1, 1911.

(a) Nurses who shall have been graduated before said date and after January 1, 1890, from a reputable training school connected with a general or special hospital, who at the time of graduation shall have received a course of at least two (2) years in such training school.

(b) Nurses who shall have been graduated on or prior to January 1, 1897, from a reputable training school connected with a general hospital,



**FEELING IS A SENSE  
FEELING PAIN  
NONSENSE**

WHEN SAME CAN BE RELIEVED WITH TWO ANTIKAMNIA TABLETS

**THE ANTIKAMNIA CHEMICAL COMPANY**  
ST. LOUIS  
U. S. A.

## INSTRUCTION IN MASSAGE

**Swedish Movements, Medical and Orthopaedic Gymnastics**

### **Electro-Therapy      Hydro-Therapy**

The instruction is theoretical and practical. Lectures, Quizzes and Demonstrations on Anatomy, Physiology, Pathology, Theory of Massage and Gymnastics, Hydro- and Electro-Therapy by members of the staff and invited physicians. Abundant clinical material. Students attend clinics at several city hospitals. Separate male and female classes. Diploma.

**Second Section of the Fall Classes opens Nov. 15, 1911**

**Winter Classes open on Jan. 9 and March 12, 1912**

Best-equipped institution for Physiologic Therapeutics in America: Electric light, dry hot air, vapor, blue-light baths, Dr. Baruch's hydriatic table, all forms of hydriatics, Nauheim baths and Schott exercises, nebulizers, vibrators, Frazier-Lentz baking apparatus, solar and leucodescent lamps, Bier's hyperemia apparatus, galvanic, faradic, static electricity, high frequency, sinusoidal currents, X-Ray, Bachelet magnetic wave, Von Leyden and Frenkel system for the treatment of tabes dorsalis, special gymnasium for the treatment of spinal curvature and deformities. Medico-Mechanical Zander gymnasium. Particulars and illustrated prospectus upon request.

**Pennsylvania Orthopaedic Institute  
and School of Mechano-Therapy**  
(Incorporated)

**MAX. J. WALTER, Superintendent**  
1711 Green Street,      **PHILADELPHIA, PA.**



who at the time of graduation shall have received a course of one (1) year's training in such training school and who, at the time of application, shall have been engaged in nursing for five (5) years since their graduation.

(c) Nurses now in training in a reputable training school connected with a general hospital which now gives a course of at least two (2) years' training, and who shall graduate therefrom.

*Second*—Nurses who shall make application on or after January 1, 1914, and who at the time of application shall have graduated from a reputable training school connected with a general hospital requiring a systematic course of at least three (3) years' training.

*Third*—Nurses who shall make application on or after January 1, 1914, and who at the time of application shall have been graduated from a reputable training school connected with a special hospital requiring a systematic course of at least two (2) years' training, and who at the time of application shall have obtained, in a reputable general hospital, one (1) year's additional training in subjects not adequately taught in the training school from which they were graduated, and shall pass an examination to determine their fitness and ability to give efficient care to the sick.

SEC. 5. It shall be unlawful hereafter for any person to practise, or attempt to practise, in this State as a registered nurse without a certificate from the board. Any person who has received such a certificate shall be styled and known as a registered nurse, and shall be entitled to append the letters "R. N." to the name of such person. No other person shall assume or use such title or the abbreviation "R. N." or any other words, letters or figures, to indicate that such person is a registered nurse.

SEC. 6. This Act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family, nor to any person nursing the sick for hire, who does not in any way assume or pretend to be a registered nurse, and this Act shall nor be construed to interfere in any way with members of religious communities or orders which have charge of hospitals, or take care of the sick in their own home, provided such members do not in any way assume to be registered nurses.

SEC. 7. The board, upon written application, and upon the receipt of ten dollars (\$10) as registration fee, may issue a certificate, without examination, to those who shall have been registered as registered nurses under the law of another State having the requirements equivalent to those of Idaho, provided, that the board shall be sole

judge of credentials of any nurse admitted to registration without examination.

SEC. 8. Any person violating any of the provisions of this Act shall be guilty of a misdemeanor and shall, upon conviction, be fined for the offence in a sum not less than ten dollars (\$10) nor more than one hundred dollars (\$100) for the first offence, and not less than one hundred dollars (\$100) nor more than five hundred dollars (\$500) for each subsequent offence.

Any person who shall wilfully make any false representation to the board in applying for a license shall be guilty of a misdemeanor, and, upon conviction, shall be fined in a sum not less than one hundred dollars (\$100) nor more than two hundred dollars (\$200). All certificates issued by the board shall be signed by all the members thereof and shall be attested by the president and secretary.

SEC. 9. The board may revoke any certificate by unanimous vote for dishonesty, gross incompetency, a habit rendering a nurse unsafe to be entrusted with or unfit for the care of the sick, conduct derogatory to the morals or standing of the profession of nursing, any wilful fraud or misrepresentation practised in procuring such certificates, provided the holder of such certificate shall have been given at least thirty (30) days' notice, in writing, of the specific charge against such holder, and of the time and place of hearing the charge by the board, at which time and place the holder shall be entitled to be heard and to be represented by counsel.

Upon the revocation of any certificate the same shall be null and void. The holder thereof shall cease to be entitled to any of the privileges conferred by such certificate, and it shall be the duty of the secretary of the board to strike the name of the holder thereof from the roll of registered nurses, and to give notice of such revocation to the county clerk in whose office such certificate is recorded, and thereupon such county clerk shall note the fact of such revocation upon the record of such certificate.

Bill passed the house of representatives on the 28th day of February, 1911.

Passed the senate on the 2d day of March, 1911.

Received by the governor on the 4th day of March, 1911.

Approved by the governor on the 9th day of March, 1911.

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### Oklahoma

The Oklahoma State Association of Graduate Nurses will hold its annual meeting in Oklahoma City, October 17 and 18.

## Getting Back Strength

after a siege of sickness can only be accomplished naturally—physiologically—by means of proper food.

The modern physician has come to realize that “tonics” do not add any actual strength to the patient convalescing from acute disease. This class of remedies acts rather as a “whip” to the depleted nervous energies and never can take the place of the “proteins,” “carbohydrates,” “fats,” and “organic salts” contained in properly selected and prepared foods.

There is no better combination of the above than

# Grape-Nuts

and good cream.

There are few rations so easily digestible; so quickly assimilated; so “agreeable” to so many differing individuals.

Made of whole wheat and malted barley, **Grape-Nuts** contains, as near as practicable, all the nutritive elements of these great cereals, including the “original phosphates,” so necessary to normal metabolism and cell elaboration.

**Grape-Nuts** is far and away the most convenient, efficient, appetizing and all-round quickly available food for “Getting Back Strength.”

Results are soon apparent from increased normal activity of the digestive organs themselves—the first step in the direction of increased general nutrition.

The “Clinical Record,” for physicians’ bedside use, will be sent prepaid on request to any physician who has not already received one, together with samples of POSTUM and GRAPE-NUTS, for personal examination.

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Postum Cereal Company, Limited, Battle Creek, Michigan, U. S. A.

Miss Sophia F. Palmer, R.N., editor-in-chief of the *American Journal of Nursing*, will address the association on the afternoon of the 17th. The Oklahoma State Board for examination and registration of nurses will meet October 16 at the same place. All those wishing to register at that time must have their papers sent to the secretary with diploma. Oklahoma City nurses may leave papers at the Graduate Nurses Club.



### California

The Pasadena Graduate Nurses' Club is discussing plans for a new building, which will probably be assured in a short time. Mrs. M. F. Dayton, registrar at the club for some time past, has resigned her position, to accept that of matron of the Nurses Home at the Pasadena Hospital. Mrs. Helen J. Nutting, graduate of the Illinois Nurses Training School at Chicago, will fill the vacancy.

The organization has flourished here and from the standard of enthusiasm shown during its existence there is no doubt but that the new building plans, once undertaken, will be carried into effect.

It is planned to have the building fitted out with everything modern in the way of a club building and home for the nurses combined.



### Announcement

We receive occasional complaints from nurses that we do not publish in this department enough news about *their* nursing associations, training schools or other nursing activities. The reason of this neglect is not a wish on our part to discriminate against any one section of the country, but because they do not send us the news to publish.

We hope every nurse who reads this announcement will send us at least one news item a month. It takes just a moment to jot down one or more news items concerning your training school or association, or items of interest regarding any person or event of interest to the profession.

This slight effort on your part will make THE TRAINED NURSE more newsy and of more personal interest and value. Always send us a copy of any new printed matter, reports, essays, programmes, memorials, etc., in which you are interested.



### Personal

Miss Lena Higgins, graduate of the Omaha Training School for Nurses, class of 1905, has accepted a position at Dr. Porter's Sanitarium, Fort Benton, Montana.

Miss Maud Reynolds, formerly of the Nurses' Club, Syracuse, N. Y., has accepted a position at the Western Maryland Hospital, Cumberland, Md., to take charge of the operating room, and as teacher of anatomy. She entered upon her duties September 1.

Miss Emma Sweeney and Miss Ida Kelly, of the Syracuse Nurses Club, spent their vacations in the Adirondack Mountains, Miss Sweeney at Old Forge and Miss Kelly at Inlet.

Miss Lula Edward Skaggs, of Denison, Texas, has accepted the position of superintendent of the General Hospital, South Bend, Washington.

Miss Anna M. Barr, a graduate of the Women's and Children's Hospital, of Kansas City, Mo., and later head nurse of St. Luke's Hospital, Kansas City, also a graduate of the Pennsylvania Orthopaedic Institute, Philadelphia, Pa., has been requested to teach the art of massage to the nurses in training at the Kansas City General Hospital and St. Luke's Hospital, Kansas City, Mo.

Miss Naomi Magnuson, of Orion, Ill., a graduate of the Moline Public Hospital, and Miss Eunice Magnuson, of Orion, Ill., who are both graduates of the Pennsylvania Orthopaedic Institute, Philadelphia, Pa., have been placed in charge of the Sanitarium treatment rooms at Fairbury, Ill.

Miss Annie F. Tidy, of Boston, Mass., a graduate of the New England Baptist Hospital and also of the Pennsylvania Orthopaedic Institute, Philadelphia, Pa., has been placed in charge of the mechanical department at the Methodist-Episcopal Hospital, Brooklyn, N. Y., to succeed Miss Charlotte P. Moodie, a graduate of the Brookline Free Hospital for Women and also of the Pennsylvania Orthopaedic Institute, who has been engaged as head nurse by the Pennsylvania Orthopaedic Institute, Philadelphia, Pa.

Miss Julia Huber has resigned her position as superintendent and matron of St. Elizabeth's Hospital, Fort Madison, Iowa, and accepted a position as superintendent of the Missouri Hospital for Women at Kansas City, Mo.

Miss Esther Jackson has resigned her position as superintendent of the Nurses' Training School of the Ellis Hospital, Schenectady, N. Y., and has accepted the position of superintendent of nurses in connection with the State Hospital at Mendota, Wis.



**TYPES OF  
ANEMIA**

**No.  
9**

## **The Anemia of the Climacteric,**

due to the more or less excessive direct blood loss, is always materially benefited by the regular use of

### **Pepto-Mangan (Gude)**

This efficient hematinic serves to restore the sufficiency of the vital fluid, and thus render the patient more resistant to the continuous drain upon the vital bank account.

In eleven-ounce bottles—Never sold in bulk  
Samples and literature upon application

**M. J. BREITENBACH CO., NEW YORK, U. S. A.**

Our Bacteriological Wall Chart or our Differential Diagnostic Chart will be sent to any Physician upon application.

**71**

## **A Drink in Fevers**

A teaspoon of Horsford's Acid Phosphate added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

### **Horsford's Acid Phosphate**

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

**RUMFORD CHEMICAL WORKS, Providence, R. I.**

Miss Nell Fulweiler, a graduate of the German-town (Pa.) Hospital, has been appointed assistant superintendent at the hospital at Palmerton, Pa.

Miss Alma Snipes, of the Georgia State Sanitarium, Milledgeville, has been sent by the State Sanitarium to Philadelphia to take the courses at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, with the purpose after graduation to take charge of the mechanical department at the State Sanitarium and to teach the nurses in training in those branches.



### Marriages

On August 31, 1911, at Boston, Mass., Miss Mary Connolly, a graduate of Carney Hospital, to Mr. John Ellerton Lodge, son of Senator Henry Cabot Lodge.

On August 1, 1911, at Corning, N. Y., Miss Stella O. Rusling, a graduate of Corning Hospital Training School for Nurses, and Mr. William H. Larabee. Mr. and Mrs. Larabee will be at home after September, at Avoca, N. Y.

On August 22, at Rome, N. Y., Miss Maude H. Richardson, graduate of the Rome Infirmary Training School, to Mr. George F. Wilson. Mr. and Mrs. Wilson will reside at 1021 South Salina Street, Syracuse.

On June 6, 1911, at Cortland, Neb., Miss Orpha V. Potts, graduate of United Brethren Hospital, Beatrice, Neb., to Dr. B. E. Artman, of Cheney, Kan. Immediately after the ceremony Dr. and Mrs. Artman left for an extended trip, which embraced many points of interest in the West, Northwest, Alaska and the Pacific Coast, reaching home at Cheney, Kan., September 1.

On July 30, 1911, at "Beverly Farm," Godfrey, Ill., Miss Martha Groves to Mr. Albert Gross Wimer.

On August 15, 1911, at Brooklyn, N. Y., Miss Edith Johnston, nurse in training, Long Island College Hospital, to Dr. V. V. Bourke.

On July 5, at Norfolk, Va., Miss Willie Chappell Carhart to Mr. Clyde Morehead.

Announcements have been received of the marriage of Miss Anna M. K. Lantz and John J. Eagan, of Montpelier, Vt., the ceremony taking place in Rochester, N. Y.

Mrs. Eagan was at one time head of the Visiting Nurse Association and special school inspector of Harrisburg, Pa.

September 6 at Holyoke, Mass., Miss Grace G. Shannon and William H. Benton, of Springfield. The bride is a graduate of the Holyoke City Hospital Training School, class of 1909.

On September 1, 1911, at Canandaigua, N. Y., Miss Anna Brutzman to Mr. John Bates.

### Obituary Notes

Miss Laura May Schiller, a graduate of Faxon Hospital, Utica, N. Y., died at the home of her parents at Rome, N. Y., August 28, 1911.

Miss Louise Ida Christiansen, of Davenport, Iowa, who had been superintendent at the Scott County Hospital for the past year and a half, and was a graduate of Mercy Hospital Training School, died August 25, at the hospital, following an operation for abdominal troubles.

She had made her home in Davenport all her life, and her host of friends will learn with regret of her sudden death. She had held the office of superintendent at the hospital, and she was held in high esteem at that place.

Miss Gertrude L. Brown, a graduate of the City Hospital Training School for Nurses, Boston, Mass., died August 28 at the City Hospital, of typhoid pneumonia. She will be mourned by many of Boston's representative people, who have had occasion to use her services, and with whom she was very popular.

Her death will also be keenly felt by scores of young students at the Groton School, at Groton, where by her amiable and loving disposition she won many friends. With the opening of the fall term she was to assume the position of head nurse in the hospital of that institution.

## GASTRO-INTESTINAL DISEASES

are usually more severe and intractable to treatment during the summer months.

Through the prompt use, however, of

# Gray's Glycerine Tonic Comp.

and careful regulation of the diet, it is always possible to control in short order, even severe attacks of entero-colitis, summer diarrhea or other bowel affections, and impart to the organism the exact tonic stimulation and recuperative power essential for complete and permanent recovery.

Free from all contraindications of age or season, "Gray's" presents all of the virtues and advantages of cod liver oil, or other tonics—with none of their drawbacks.

THE PURDUE FREDERICK CO.  
298 Broadway, New York

# Antithermoline



Relieves  
Local  
Pain and  
Inflammation

(Apply Externally)

NOW SUPPLIED IN GLASS JARS  
RETAIL PRICES

5 oz. Glass Jars \$ .25	1 1/2 lb. Glass Jars \$1.00
11 " " " .50	5 " " " 2.25

G. W. CARNRICK CO.  
42 SULLIVAN ST., New York City

When you write Advertisers, please mention THE TRAINED NURSE

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# New Remedies and Appliances

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## Some Useful Recipes

*Nourishment for Infants*—Take three dessert-spoonfuls of F. N. Johnson's Especially Prepared Pure Barley Flour. Mix with cold water to a thin batter; salt to suit taste. Add one pint of boiling water and third of a pint of cold milk. Stir well and feed through nursing bottle. The quantity of water and barley may be gradually reduced as the baby's digestive organs become stronger. The sediment should be strained off in delicate cases.

*Nourishment for Invalids*—Should be prepared same as for infants.

*Dysentery, Small Babies*—Take two teaspoonfuls of F. N. Johnson's Especially Prepared Pure Barley Flour. Stir in enough cold water to make a thin batter, add two-thirds of a pint of hot water and a pinch of salt; stir slowly and let boil five minutes. To the above add one-third of a pint of milk, brought to a boiling point; stir well. Strain and feed to the baby warm as natural milk through nursing bottle.

*Dysentery, Adults*—Take two tablespoonfuls of F. N. Johnson's Especially Prepared Pure Barley Flour, one pint of hot water and one-half pint of hot milk. Prepare as above.



## Hospital Signal Systems

Many varieties of hospital signal systems for nurses and doctors are described in a circular just issued by the Holtzer Cabot Electric Company, of Brookline, Mass., and Chicago, Ill. Simplicity and efficiency of service have been aimed at in every case, and a study of these pages will repay directors of institutions who are interested in devices for securing prompt attention to sudden needs. Persons engaged in the care of the sick do not need to be reminded of the importance of this. The adaptation of electricity to the requirements of the sickroom is one of the most beneficent achievements of modern science. The Holtzer-Cabot Company has labored to improve on existing systems, and to produce a series of signal arrangements which shall commend themselves as practical, easy to install, easy to operate, and, though this is of minor importance, economical both in respect of first cost and of maintenance.

This circular tells what is to be expected of each system, without going into minute detail. The parts are enumerated in each case, and their working explained. The company is prepared to submit full specifications wherever desired, with all information as to apparatus, installation, wiring, batteries, etc. Blue prints and wiring diagrams will be included.

The systems described will answer most requirements. They are, however, susceptible of a great deal of modification and variation. If special conditions are to be met, they are prepared to meet them, and will be pleased to submit suitable specifications. Send for a copy of Circular No. H15001.



## Scientific Play

Public playgrounds, whether open or under cover, have been eye openers as to the value of scientifically directed play for children of all ages. The old idea was that a child instinctively used his muscles in the best possible way when playing his own crude games. It is now a recognized fact that the muscles develop better, the body stronger, the brain activity much keener and control of the senses more quickly gained when children's play is directed. It was an error to drop play supervision as soon as a child was promoted from kindergarten schools and to resume training only for those inclined to athletics.

But, however excellent systematic body training a child has, and although he gets fresh air to breathe by night and day, the "adequate food" supply remains a stern necessity. Just so much of each kind of body fuel is required to sustain normal health. Through ignorance, lack of supplies or some special physical incoordination, bodies suffer. Lime, phosphates and fat elements are those needed in the majority of all cases of malnutrition in children. Scott's Emulsion combines these natural foods in the purest and most assimilable form. Too much valuable time is lost waiting for ordinary nourishment to correct rickets, build bones and teeth and feed flabby tissues. The Emulsion is more necessary than physical exercise, but when both these prescriptions are given to any child rapid invigoration is sure to result.



## Good Nurses and Careful Mothers

are particular about using no other but

# MENNEN'S BORATED TALCUM TOILET POWDER

because it is freely recommended above all others by physicians everywhere. MENNEN'S is the safest and purest of Toilet Powders. It not only **smooths** the skin but **soothes** the skin, not only **hides** roughness and rawness but **heals** them.

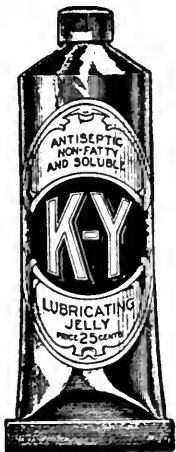


TRADE MARK

**Mennen's Borated Talcum Toilet Powder** is as necessary for Mother's baby as for Baby's mother

It contains no starch, rice powder or other irritants found in ordinary toilet powders. Dealers make a larger profit by selling substitutes. Insist on Mennen's. Sample Box for 4c. in stamps

The Gerhard Mennen Company, Newark, N. J.



## K-Y LUBRICATING JELLY

"The Perfect Lubricant"  
for

Specula, Catheters, Rectal  
and Colon Tubes



Non-greasy, water-soluble, and does not soil clothing or dressings.

Invaluable for sore hands, giving prompt relief from chaps, cracks and the irritation due to use of antiseptic solutions.

A liberal sample to nurses on request.



**VAN HORN & SAWTELL**  
307 Madison Ave. New York City

## Robinson's Patent Barley

Recommended by the leading specialists and physicians.

When an artificial **Food for Infants** is necessary Cows' milk with barley water prepared from **ROBINSON'S PATENT BARLEY** is the most effective food known and easily prepared.

Sold in 1-lb. and ½-lb. tins

An illustrated booklet giving all information about feeding and treatment of infants free on application to

**JAMES P. SMITH & COMPANY**

90-92-94 Hudson St.  
NEW YORK

57 & 59 S. Water St.  
CHICAGO

### A Support Meeting Anatomical Requirements

A supporter that does not support, but, instead, exerts pressure or constriction at the wrong place, is not only a source of discomfort, but is a positive detriment as well. The proper appliance, therefore, must meet anatomical requirements, must be light and flexible, so as to accommodate for intra-abdominal pressure, and must be easy to keep clean. These advantages are exemplified in the Storm Abdominal Binder. Its elasticity and flexibility does not depend upon rubber and whalebone. It is light and comfortable, and is as easy to wash as underwear. Its use means comfort and proper support in patients with prolapsed viscera, such as enteroptosis, movable kidney, abdominal hernia, obesity and as a post-operative support; in fact, any condition in which an abdominal supporter or binder is indicated. The Storm Binder is the invention that took first prize offered by the Philadelphia Hospital, and the ever-increasing sales testify most strongly to its efficiency and worth.—*Int. Journal of Surgery*, June, 1911.



### Quarter of a Century Record

We all have a greater feeling of confidence in any product that has been made in the same plant, by the same people, year after year, than in a new product which is just becoming known.

Nearly twenty-five years have elapsed since the first bottle of the "Best" Tonic was produced, and through its great merit and the strict maintenance of its quality and purity the makers of Pabst Extract have had the great satisfaction of seeing their malt tonic become the first choice of the public as well as the medical profession. Pabst Extract is conceded to have a greater sale than any other malt tonic in the world, and the most potent factor in building up this immense demand is the superior quality of the "Best" Tonic.



### Wellesley Marshmallow Fudge

Heat two cups of granulated sugar and one cup of rich milk (cream is better). Add two squares of Baker's Chocolate, and boil until it hardens in cold water. Just before it is done add a small piece of butter, then begin to stir in marshmallows, crushing and beating them with a spoon. Continue to stir in marshmallows, after the fudge has been taken from the fire, until half a pound has been stirred into the fudge. Cool in sheets three-quarters of an inch thick and cut in cubes.

### A Pillow Designed for Hospitals

"Making over" pillows, buying clean ticking and new feathers, has always been an expensive process in the hospital. But it had to be done, because both nurses and doctors knew that soiled pillows soon became absolutely unhealthy and were very apt to give forth disagreeable odors.

The Emmerich "Everclean" Feather Pillow solves the problem, because it is so easy to keep clean. A removable, waterproofed ticking cover goes over the regular casing. It takes only a moment to remove this cover for washing and cleansing, and it is just as easily replaced. This is the first real economical pillow we have seen.



### Fifth Avenue Nurses' Directory

It is gratifying to know that through Miss Baylies' Fifth Avenue Directory for Nurses, 8 East 37th Street, New York City, hospitals throughout the country are able to secure assistants to fill their vacancies, from superintendents to general ward duty, with reliability. Physicians, too, recognize the efficiency with which their demands are executed.



### Sanatogen

Over fourteen thousand physicians have written to express their warm approval of Sanatogen, not only in chronic conditions like neurasthenia, but as an invaluable addition to the diet of the acutely sick. These physicians are representative of the profession in all parts of the civilized world. The reason Sanatogen commands such enthusiastic endorsement is that it combines 95 per cent. of almost pure protein with 5 per cent. of sodium glycono-phosphate, and is, therefore, not only a concentrated proteid food, but an unequalled tonic to the nervous system. Its effect even on the *morale* of the patient is striking. Full details of the use and value of Sanatogen in the sickroom are given in a booklet recently written especially for nurses, a copy of which will be sent free by the publishers, the Bauer Chemical Company, of New York, who will also forward a sample on receipt of professional card. Now that the invalid's diet is so frequently left to the nurse she should add the contents of this little work to her general knowledge of the subject. Sanatogen is retained and nourishes, when all other articles of food are rejected, on account of its complete solubility, giving rise to no untoward activity of the stomach.

## Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases

The PHILADELPHIA ORTHOPAEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES, in which instruction in massage, corrective and re-educational gymnastics has been given for fifteen years, now proposes to extend and enlarge the scope of this teaching, and offers a course in these subjects which, it is believed, with the great variety and quantity of material for observation and practice at the disposal of the hospital, cannot be equaled in this country.

During the year 1910 the number of treatments given in the out-patient department by pupils in the massage and medical-exercise course exceeded ten thousand. Besides this advanced pupils have opportunities of giving general and special massage to patients in the hospital under supervision of the instructors in the course.

The subjects covered by the course will include instruction in the treatment by massage of general diseases of nutrition, neurasthenia, hysteria, chorea, etc., and by massage and exercise in cerebral and spinal paralysis, infantile palsy, traumatic injuries of the spinal cord, dislocations, joint adhesions, disabilities following fractures, burns, scars, etc.; spinal curvature and other postural deformities, flat foot, club foot, contractures and the handling of locomotor ataxia by precision and coordination exercises.

The instruction will occupy about seven months, beginning in October, 1910. Lectures will be given by Dr. J. K. Mitchell, Dr. Wm. J. Taylor, Dr. G. G. Davis, Dr. Frank D. Dickson and Dr. Wm. J. Drayton, Jr., while the practical teaching occupies from three to four hours daily.

Examinations both practical and theoretical are required at the end of the course.

Those desirous of entering the class, which will be limited in number, should apply to the superintendent of the hospital, who will send a circular with details of the requirements for admission. The fee for this course is \$100.

A shorter course of instruction in the therapeutic uses of Electricity, suitable for pupils, may be taken with the mechanotherapy or separately.

This course lasts four months, and the fee is \$25.

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### Nauheim Baths and Schott Exercises

Very recently there has been aroused an enthusiastic interest in the subject of physiologic therapeutics. The physicians of this country now study and consider the natural advantages for the treatment of diseases to be found near home, and, therefore, within the reach of the greater number. Among the many means of mechano-therapy the so-called Nauheim Baths and Schott Exercises have, perhaps, gained the greatest popularity with the medical profession. It is, therefore, of great importance for the nurse, who works hand in hand with the medical profession, to be familiar with this form of treatment.

This system of baths, together with the Schott resistive exercises, has for many years been taught at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., exactly the same way as practised in Nauheim. The superintendent of this school has visited personally Nauheim several times for the special purpose of thoroughly familiarizing himself with the baths and movements under the guidance of Professor Schott and other eminent specialists there. Full particulars about all courses in mechano-therapy may be obtained from the above-named institution upon application. (1711 Green Street, Philadelphia, Pa.)



### Horsford's Acid Phosphate

Horsford's Acid Phosphate will be found especially beneficial in nervous depression and anxiety resulting from overwork or loss of sleep.



### Some Uses of Glyco-Thymoline

As a pleasant means of sterilizing and maintaining a normal condition of the mouth Glyco-Thymoline has no equal. It will be found most useful in obstetrical practice, allaying the extreme soreness of the parts, depleting the engorged membrane and entirely overcoming the disagreeable odor of the lochial discharge. Strict observance of the laws of hygiene will mean not only health and comfort for the mother, but the saving of thousands of infants from that dread disease, ophthalmia neonatorum. Glyco-Thymoline is indicated in all branches of gynecology, as a mouth wash and sponge bath, in all infectious diseases, in intestinal, stomach and bladder irrigations, as a prophylactic measure for tubercular conditions, as well as all other diseases of contagious type.

### Bovine

Careful investigation of the action of Bovine shows that it acts, primarily, by stimulating the digestive and absorptive processes, and by imparting tonicity to the whole nervous system. The hepatic and the various secretory functions are increased, and a more substantial assimilation of nutriment follows as a natural sequence, and it gives to the system every element required to properly sustain it. In other words, proper balance between waste and repair is brought about. Every organ and tissue shows improvement in the functional activity of its cells and the accumulation of vital energy is tangibly shown in an increase of resistance and a lessened susceptibility to disease and improved blood standard. Nerve force is likewise increased and the whole nervous system shows greater resistance to the depressing influence of mental wear and tear.



### The Return from the Country

Many health and pleasure seekers return in the autumn depressed and run down or, perhaps, infected with malarial or typhoidal poison. In other cases, especially at crowded fashionable resorts, because of the continual round of exciting amusements, some are tired and fagged out instead of rejuvenated as the result of their summer's outing. Many are certainly in need of that general constitutional reconstruction and building up of force and resistance which is necessary to withstand the business or social strain of the fall and winter. In such cases there is no one single remedy quite as dependable as Pepto-Mangan (Gude). It increases appetite, restores strength and general vitality, reinforces the hemoglobin content of the blood and acts as a prompt and efficient general tonic and reconstituent for patients of all ages.



### Chr. Hansen's Preparations

Chr. Hansen's Junket Preparations comprise the following high-grade goods: Junket Tablets, Junket Buttermilk Tablets, Junket Colors (Raspberry Red, Orange Gold and Lemon Yellow), Junket Flavoring Extracts (Vanilla, Lemon, Orange, Nutmeg, Almond, Allspice, Ginger, Clove, Cinnamon, Rose, Peppermint and Wintergreen) and Junket Cream Tablets for manufacturers of ice cream. They are indispensable in preparing a great variety of milk foods, puddings, ice cream, cheese, buttermilk, etc., all *ideal health foods*.



# The Lastikops Bandlet <sup>in this</sup> Corset gives Better Abdominal Support

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WITH LASTIKOPS BANDLET

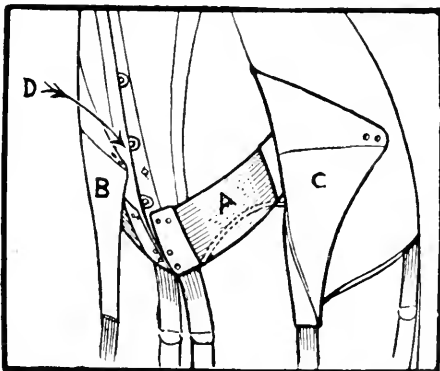
Although essentially a *style-corset* for women of stout or medium figure, these Nemos are being "prescribed" by eminent physicians for wear after abdominal operations (in place of the usual bandages); also for women of every figure who, for any reason, require complete, steady and sure abdominal support.

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- A—Lastikops Bandlet, the dots showing line of corset-skirt under the Bandlet.
- B—Nemo Self-Reducing Strap, closed.
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- D—Graduated Front Steel, tapering at top, broad and curved in at bottom.

In many cases these corsets do more satisfactory work than any separate bandage. The Bandlet, being a fixed part of the corset, *cannot slip out of place*. It prevents all bulkiness—in fact, *greatly reduces the figure*; and the wearer has a superior supporter (at a fraction of usual cost of same) and a fashionable, well-fitting and comfortable corset *all in one*.

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### Prompt Relief in Sciatic Pain

In reporting his experience in the treatment of sciatica Fred E. Davis, M.D., writes as follows in *Annals of Gynecology*: "I have been giving Antikamnia and Codeine tablets a thorough trial in the treatment of sciatica and I must say that my success has been phenomenal indeed. I have also induced two other physicians to give them a trial and their success equals or surpasses my own. I meet with many cases of sciatica and before adopting Antikamnia and Codeine tablets I used a great deal of opium and morphine to relieve the pain. Since then I have not given either."



### The Dangers of Dust

Hospitals, schools, assembly rooms, offices—all places where shifting crowds congregate—inevitably gather dust, with its attendant germs, and the question of public health thus has become largely a question of the suppression of dust. It is found that the only effective means of dealing with the dust evil is to treat the floors. The chief danger of dust is in its circulation in the air, where it can be breathed into the lungs. You take away all its deadly activity as a spreader of disease if you can keep the dust down on the floor.

This is exactly what is accomplished by the use of Standard Floor Dressing, an anti-dust preparation that has been introduced by the Standard Oil Company.



### Diastoid

Horlick's Diastoid is a dry extract of malt, in a permanent, concentrated, powder form. It is prepared from the best barley malt, under our own supervision, with a view of attaining the fullest development of the malt enzymes. It is very active in the conversion of farinaceous foods and on this account is used with marked success in fermentative dyspepsia, as well as in debilitated conditions.

It is frequently so efficient in restoring normal intestinal action that with many it has proven an excellent dietetic adjunct in chronic constipation.



### Listerine

Since listerine was first introduced to the medical profession it has been variously used in all forms of fever as an adjuvant and as an important part of treatment. It is admirable to introduce in the sponging and bathing so often advocated in typhoid conditions, and as a mouth-wash and gargle, during the whole period of confinement.

### Mum

The comfort of both patient and nurse is affected to a marked degree in many cases by bodily odors that are natural and inevitable—such as that of perspiration—but the unpleasant and embarrassing effects of which are avoidable by the use of "Mum," which many physicians indicate as being efficacious, while absolutely harmless.

"Mum" is an unscented cream with the qualities of neutralizing the odor-producing elements without interfering with natural functions. It does not affect the pores of the skin, for instance, in any way, nor diminish perspiration; anything which would do that is obviously undesirable. Its aim is simply neutralizing. Applied after bathing it keeps the body sweet and "wholesome"; its effects last "from bath to bath."



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OGDEN & SHIMER:

Inclosed \$1.00 for which send me \$1.00 worth of Mystic Cream by mail if you can send it that way. I am a trained nurse and have used the cream for two years and like it the best of any cream I have ever used.

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### When a Tonic Is Needed

When a tonic is needed, there is none that will give more certain or uniform satisfaction than Gray's Glycerine Tonic Comp. For seventeen years it has been serving the profession and the esteem in which it is held today bears eloquent witness to its unvarying quality and efficiency.



### Ergoapiol (Smith)

Medical men frequently encounter cases where, from one cause or another, the menstrual function has abnormally lessened or ceased entirely, giving rise to a distressed mental state in what is probably a nervous and excitable patient. Fears of impending evil once aroused cause an aggravated degree of mental distress, which is most decidedly not beneficial to the patient's welfare, and a medicament such as Ergoapiol (Smith), which invigorates the reproductive and sexual system, is welcome to the much-harassed professional man in search of a preparation which is simple and easy to administer.

# The Trained Nurse and Hospital Review

VOL. XLVII.

NEW YORK, NOVEMBER, 1911

No. 5

## Hospital Social Service\*

MARY E. WADLEY

Bellevue and Allied Hospitals

A PROMINENT physician was recently invited by a man who is recognized the country over as an authority in his specialty to join forces with him in his well-known clinic.

The invitation was one which many a doctor would covet, but it was refused, to the great surprise of the specialist, who asked a reason. "Because," said the other, "you have no social worker and I would never attempt to work again without one."

I think this reply voices the appreciation of all hospital men who have ever had the assistance of an efficient worker.

A young girl with chorea had long been attending a clinic without receiving any lasting benefit. A social worker was added to that clinic, and one of the first cases referred to her was this girl. The following was her illuminating report after investigation:

"Name, Mary Jones. Age 17 years. Diagnosis, chorea.

History: Box factory worker. Hours of work, nine. Not employed for last month. Home, four-room tenement; sanitary condition, fair; bedroom ventilated from small air-shaft. Gas stove used for heating and cooking. Lives with grandmother, brother and sister. Occupies bed with latter, who is restless, moans and throws off clothes, and walks in sleep. She and sister quarrel about these disturbances.

Grandmother nervous and irritable.

Brother teases patient about her nervousness. Patient sensitive about going among people.

She seems slightly better since coming to clinic. Appetite good. Has stopped taking tea and coffee.

Cot provided for her. Family instructed as to importance of ignoring her nervous condition.

Later, Mary was sent to a convalescent home for four weeks. Has returned in almost normal health.

Sister has been persuaded to come to clinic also."

Would bromides or Fowler's solution have accomplished much in this case? And was not the physician's time and the dispensary's expense absolutely wasted for months on that girl, just because no one had the time to investigate the social hindrances to her improvement?

Most hospitals regard with pride their yearly records of "recoveries" and their financial showing. Has anybody ever told us how many of the recoveries did not stay "recovered" more than a week or a month? Have we ever studied the actual meaning of "discharged improved" or "discharged cured," which cover the pages of our big record books?

Have we kept track of readmissions? Had we the Central Hospital Registry which

\*Paper read at the Thirteenth Annual Conference of the American Hospital Association, September 21, 1911.

Dr. Goldstein has so urgently advocated, we could then learn how soon after having "discharged cured, diagnosis pneumonia," written on his bedside card, John Doe had a new card made out for him in ours or some other hospital, with the diagnosis t. b.—and all for the want of an overcoat, perhaps, when he left the ward for the first time.

What becomes of Thomas Smith, the surgical case who was discharged as "improved," although still needing, perhaps, even only slight dressings, and who was told that he must return to the dispensary three times a week until his sluggish wound had completely healed. He had to go, for the wards were full, but he might as well have been told to go to the bottom of the river and come up three times a week for air.

Smith is a single man who lives in a furnished room when he works, but his troublesome hernia had made his earnings intermittent lately, and he didn't give up until he had to. Room rent was overdue when he finally came to the hospital.

What awaits him as he passes out of the hospital gate with the prescription, "Come back three times a week to be dressed"—that is, come back and wait in a line two hours, perhaps, for his turn to come in the crowded clinic?

Even if he were able to work, what job could he get that would permit of practically three half-days' absences a week, and where is he to sleep and eat until his first pay day? The lodging house will take him for a night or two, true, but will the lodging-house sleep and meals build him up very fast? Here we have a vagrant in the making—for how can he help going from bad to worse?

Or, by and by we get him with an infected or tubercular wound. Nobody wants to see him come back to the hospital; he is not an interesting case now. The chances are that he will never earn again, and all for the lack of a comparatively trifling extra care and expense at a critical time.

I recall now one actual case of this sort among many others. The patient was a decent, hard-working young fellow. When he was discharged with the direction, "Come every other day to be dressed," fortunately there was the social-service office for him to turn to; he was sent to a convalescent home and otherwise assisted until he was well, for he was without funds, home or friends in this country.

The great awakening sense of social responsibility which is spreading over the world in these days has reached the hospitals and is creating a new order of things there. Now when the hospital, by medication, has relieved the cardiac's acute attack, for instance, it looks into his home conditions and the nature of his employment. If we find that his home is at the top of a tall tenement we see the wife or mother before his return home and persuade her to look for the lightest, airiest rooms she can find on the ground floor, and we shall not stop with that advice, but if she has not the means for moving we will help her to secure them.

We must see the case through to a practical conclusion, for again half efforts are a sheer waste. If the patient's former employment requires great physical exertion our duty is not fully done until we have seen him installed in more suitable work, and supplied with good living rations until he has gotten fairly to earning. We may not need to do all these things for him ourselves, but we must see that they get done. Finally, we should urge him to attend our weekly evening class for cardiacs, that we may continue our oversight of him.

Maladjustment to home conditions, monotony—perhaps of the all-work-and-no-play kind—worry, overwork, or lack of work, poor cooking or insufficient food, cheerless or unsanitary surroundings, hidden poverty or unhygienic habits—often to help a patient to change some one of these conditions will be to touch the button that

will entirely transform the sick person into a well and normal one.

But who is to uncover the needs and work out the solution of such problems as these? The busy doctor and ward nurse cannot possibly find the time for it, however great their desire to do so, and, besides, "everybody's business becomes nobody's business."

Mr. Homer Folks, in a public address, gave the best definition of our subject I have ever heard, when he said: "Hospital social service is simply common sense applied to getting the patients well."

If a sick man needs only milk, eggs and fresh air; if a woman with varicose veins needs elastic stockings and rest to help cure her; if the typhoid needs convalescent care to save a relapse—then does not common sense say, for their own sakes, to save them from chronic invalidism: for the physician's sake, that his gift of time and skill may not be altogether futile; for the hospital's sake, that its money for treatment and expert service may not be absolutely wasted, and, finally, for the community's sake, that it may be protected from the contagion of disease, and that as many of its members as possible be kept in a condition of industrial efficiency instead of dependency—then does not common sense say that there should be supplied the link between the patient and the possible resources that will make the doctor's advice feasible and the hospital's care effective?

Such a link is the hospital social-service worker, and the after care she gives the patient may most accurately be termed hospital extension work. That link is not wholly supplied by visiting nursing, nor is it relief work pure and simple, but a combination of the two which has created a new vocation—that of medical social worker, with an enormous field spreading out before those who adopt it for their profession.

In asking financial support and even in admitting their patients, do not hospitals tacitly guarantee to do everything possible to

effect a cure? If, then, the medico-social clinic and social workers are positively needed to that end, is it not the hospital's plain duty to establish and maintain that department just as much as it now maintains its drug store and its ward nurses, or its X-ray room?

And this duty is not accomplished when a hospital accepts such a service from some philanthropic organization—the closest co-operation there must be with all such, but to accomplish the best work the impulse and direction must come from within the hospital itself—from its medical staff, if possible, or from its superintendent.

It is a therapeutic undertaking and needs medical understanding for its direction and execution, and as such should be dignified by being made a department of the institution; otherwise such a service must fail of its highest achievement.

All are doubtless familiar with the recent history of this movement, especially with that connected with the Massachusetts General Hospital in Boston. Just when the first organized effort was made by the hospitals themselves to give this extended care to their patients is a mooted question, but on a recent visit to London I was surprised to find that the London Hospital in Whitechapel Road had been practising social service since 1791, when one of its physicians, Sir William Blizard, formed a society to do just what we are doing today—only they did not call it hospital social service. For the last twelve or fourteen years a nurse has been in charge of the work; she has now three assistants. They send convalescents to the country and relieve the hindrance of social conditions for their patients, just as we are trying to do.

In America, since the issuance of the first report (for 1905) of the Massachusetts General Hospital, Boston (which report, by the way, is a classic on the subject and ought to be put into the hands of every worker, superintendent or member of committee

who contemplates taking up the work), great interest in the subject has been created and forty or fifty hospitals have established the service.

Suppose we decide to establish such a department, how shall we go about it? some one may ask.

Each institution has to plan its own concrete scheme of work in accordance with the social status of its patients and with reference to the efficiency or lack of the resources of its neighborhood, but there are definite aims which should be common to all hospital social service, chief among which are these:

First—To aid the physician in his diagnosis and treatment by investigation and relief of social conditions.

Second—To make available the philanthropic resources of the community, and to coordinate medical resources—for example, eye, orthopedic, dental clinics, etc., in restoring a patient to complete physical efficiency.

Third, and not least in importance—To carry the educational influence of the hospital to the homes of the community

It may be of interest to some to hear what organization has been found practical in a large city hospital like Bellevue. Inspired by the Massachusetts General, Dr. Armstrong, the then superintendent of Bellevue, with the approval of the board of trustees, established social service there in 1906. The salary of a nurse and a simple office equipment were provided by the hospital. Five months later an assistant was added.

At the end of eighteen months a strong advisory committee was formed to support and further the development of the service. This committee is made up of the representatives of the governing bodies of the hospital—the trustees, medical board, dispensary board, managers of the training schools, the general medical superintendent of the hospital, the general superintendent of nurses, the chairmen of special sub-committees, with the head worker as executive secretary.

Bellevue has a thousand patients, many of whom represent the extreme of poverty. Social service there is a gigantic problem to attack. We have not attempted to take up dispensary work, except for the children and the tuberculous patients.

In organizing the practical work the first step was to visit all the larger charitable agencies to establish a personal relationship with them. Making rounds in wards acquainted the physicians and nurses with the undertaking, and in that way the first patients were found. Now, at the end of five years, we have a large staff of workers, including one for each of the three allied hospitals, and the work has dropped into its natural divisions, with special workers giving their exclusive time to each.

For example, there is the general-welfare division and the tuberculosis, child-welfare, psychopathic and Jewish divisions, with a small special sub-committee for each. We hope this year to add a special worker for following up the maternity cases.

We have the fullest cooperation with everybody connected with the hospital, and that in itself is a keen pleasure. Our hands overflow with the number of cases referred to us daily, and the diversity of problems seems almost unlimited, calling for every resource we can command.

The following illustrates one phase of general welfare work. Two years ago a sick-looking woman came to the dispensary for treatment. The examining physician found her condition critical, and told her that if she would save herself she must come into the hospital at once for an operation. She assured him that that was impossible, for she had six children at home whom she could not leave.

That was too much of a problem for the doctor to solve, so he gave her a note to the social-service office to see what we could do about it. In the note he stated that in his opinion the woman had not long to live unless radical measures could be taken at once.

I can never forget the drawn face of that woman as she stood at our desk after this interview with the doctor. She said that her husband had been killed in a street accident the year before. Since then she had, by day's work and the help of the fifteen-year-old boy, barely kept the family together, but recently she had been less and less able to earn. What she was going to do she didn't know, but of one thing she was sure—if she gave up and came to the hospital the younger children would have to go to institutions, and that she could not, would not consent to, for she could not get well with the thought of that on her mind. No, she would struggle a little longer—a suit was pending for damages because of her husband's death—she would wait and see.

We made her sit down and talk it all over. Soon a plan was evolved which allayed her fears, and infused her with new hope. We promised that not one of the children should be sent to an institution. There was an aunt who she thought might take care of the two younger children. The eldest boy, who was of very steady habits, and the eldest girl of thirteen would be quite capable with supervision, she thought, of looking after the others. A relief society agreed to pay the rent for as long a period as necessary, and we promised to send a woman for three half-days a week to oversee the housekeeping, while a nurse from our office should call often enough to make sure that all was going well. The mother entered the hospital the next day.

The operation confirmed the original diagnosis. She barely lived through it, but at the end of three weeks she left the ward and was taken to a convalescent home, where it took nearly a month to repair the starved body and nerves, but when she did return to her family she was, indeed, a new woman.

A year later, on one of her frequent visits to our office, she said she had not felt so well since she could remember. A few months ago the long-pending suit was settled for \$50

a month for twenty months, so for the time, at least, the family is prosperous.

But for Bellevue having had social-service workers that woman would have gone home that clinic day and stayed there, and she would surely now be lying in Potter's Field, and our public institutions would be taking care of five orphan children.

There is a difference of opinion as to whether or not social-service workers should have a relief fund of their own. We cannot see how efficient work can be done without an emergency fund. The case above cited is of the sort which justifies it. The society to which we applied helped with the rent; indeed, they helped for a year, but stated that they could not send a woman in for the housekeeping. For us it was a comparatively small expense, and it helped another widowed mother who needed the work. Had we not had the money in hand much valuable time and effort, which rightfully belonged to other waiting patients, would have been used up in trying to find some one who would have given it, and what difference did it make in this case whether it came from our hand or some other, since there was no question of both the immediate and the ultimate good which it might accomplish?

Is there not great danger of pauperizing? some one will ask. With common sense at the helm that fear is a bogey. Can it pauperize to bridge the crisis until earning time again, when one is on the edge of destitution? Indeed, withholding adequate help makes pauperization sure.

We all know there are two crimes which we workers may commit: we may demoralize the weak or insult and crush the self-respecting. If we are unable to avoid either extreme, or if we cannot look beyond the temporary need to the need of removing the underlying cause, we are unfit to be social workers.

As tuberculosis work is so well understood by everybody I will touch only upon special features. In addition to the ordinary clinic

work and regular district visiting we have:

The day camp, which is an old ferry boat anchored in the East River, just off the hospital grounds.

The intensive class work, with small groups for home treatment.

The boys' club, made up of boys from the families of tubercular patients.

The mothers' classes in Italian and German held weekly by the supervising nurse, and

The weekly evening conferences for workmen.

The assistance of social workers from the Free Synagogue, consisting of several devoted volunteers under the direction of Dr. Sidney Goldstein, has been of inestimable value to us. Not only do they take entire care of those whom, because of their language and temperament, it is hard for us to help understandingly, and, therefore, adequately, but they are always ready to take a cordial interest in the whole work of the bureau.

Each volunteer has assigned to her care the Jewish patients in certain wards. Every morning our registrar copies from the admission records the names of all the Jewish patients who have been admitted in the previous twenty-four hours, and when the workers come, as they do most faithfully on the three visiting afternoons of the week, they look over this list and each takes care of all patients in his or her ward who may need assistance.

In the child-welfare work the sanitary condition of the homes must be investigated, the mothers taught how to carry out the doctors' instructions, and, if we have a large enough force to accomplish it, our aim will be not to lose sight of any child until it is made as physically normal as possible—that is, to persuade the mother to have imperfect teeth attended to at dental clinics, discharging ears treated, adenoids and tonsils attended to, and flat feet corrected, if possible. In short, to help the child to get started in

life freed from every needless physical handicap.

In the psychopathic division we have the most serious problems, and, therefore, the most intensive work is needed. Preventable insanity! How full of meaning is that phrase! Clinics may make the diagnosis and the prognosis, but who is going to give the poor, morbid, border-line case, who is not yet a "hospital case," the careful oversight that is needed to keep her from slipping over the edge? Who is going to provide the rest, the change of scene or employment needed to save her, or where is the wisely sympathetic friend who will instill into the discouraged brain the wholesome thought, "Happiness is a habit," and help her to cultivate it?

Bellevue has a unique feature which few other hospitals have, I think. Many sick prisoners in the city, including all attempted suicides, who are waiting their preliminary trial before being committed to the city prison, are sent from the station house to Bellevue, thus necessitating the maintenance of prison wards. Here is where the social worker finds plenty to do, for many a one in these wards is in deep need of a friend—and in approaching them we need to bear in mind Thackeray's words: "What right have you to be scornful whose virtue may be a deficiency of temptation, whose success may be a chance?"

To come back to the practical question of how to start the work.

The first step, presupposing the salary to have been secured, is to choose a worker, and here I cannot better express my own ideal of what a hospital social-service worker should be than by quoting from an article by Dr. James Alexander Miller in the August, 1910, *Journal of Outdoor Life*. He says:

"First, the woman herself. In order to make a success of social service a woman must be endowed with more than the average ability, character, tact, energy and education. She must be quick witted in emer-



gencies, resourceful in difficulties and persistent amid discouragements. As the personal touch with the individual is the main object to be obtained, a deep human sympathy which will invite confidence is, of course, essential, but this must be sympathy untinted with sentimentality. Firmness there must be, but this must be combined with tenderness. In other words we must have a practical idealist for this work. Such a woman as I have sketched is born, not made.

"Second, the nurse. A poor nurse will never make a good social worker and, conversely, every characteristic in a woman which makes her an efficient nurse will sooner or later find its proper expression in her social work."

He goes on to say: "I am not one of those who believe that it is an unnecessary luxury to secure a nurse for this work rather than simply a trained social worker without previous nursing training. The experience which comes from familiarity with the sick, the discipline of regular hospital work, the eye trained to observe and the hand and mind to act quickly and skillfully, are all essentials to the highest kind of social service among the sick poor, but, nevertheless, it is not every good nurse who is fitted for social-service work. The nursing qualities must be combined with the more purely womanly ones I have described before it is safe for any one to hope that she would be successful in social service.

"Third, the social worker. For the woman splendidly endowed by nature and for the nurse fully equipped by training there is still need of special education before she can become the successful social worker."

Happy will the hospital be who can find such a worker. Having found her and provided her with office room, telephone, etc., she may safely be left to work out, with the physicians, the problems of her particular field.

The greatest difficulty she will meet with

in many hospitals will be that of convincing those in authority of the need of an assistant when she knows that the time has come when it is imperative for good work that she should have one. I know of two hospitals where social work has been a failure because of this difficulty. The workers have given out under the strain of the accumulative care. An intelligent clerical worker to stay in the office to answer telephones, see visitors, keep records, etc., would have saved the whole situation.

As the outgrowth of experience it seems to me very important that those who are engaged in this work should have their residence away from the hospital. The work is so intensive, its fascinating interest so great, it will be likely to carry them far beyond their regular hours; the responsibility of deciding the many vital questions for her charges that arise each day puts an exceedingly severe strain upon the worker, which it will be hard for her to endure for any length of time unless she can get completely away from the hospital atmosphere at night—away from all temptation to "talk shop"—and into a place of more normal life wherein to regain her balance daily.

An extra holiday or two now and then is a very wise investment in the long run, and here is where those in authority need to do a little social service for their workers. It is unnecessary and poor economy to use up a good worker by long hours, just because tradition has fixed them for nurses.

In nearly all hospitals where social service is established the office hours follow those of board of health nurses and of established charities, *i.e.*, from 9 A.M. to 5 P.M., with Saturday afternoons, Sundays and holidays off duty. Salaries vary from \$1,500 to \$900 a year. The supply of good workers is not nearly equal to the demand at present. It is to be hoped that training schools will remedy that situation soon by adding social work to their curriculum, or as an elective in an advanced course—for social service will

soon be regarded as a fundamental feature of every up-to-date hospital.

As to methods of work. There is much discussion as to whether it should be done this way or that way, but does not the criterion of success in anything lie in results, for surely results only justify methods. When you see the half-well made strong; the discouraged, down-and-out men or women raised through counsel or material assistance, if need be, to working efficiency; homes that were tottering put back on a more permanent foundation, and the puny babies turned into fat, rosy ones, then you may be sure that your methods are pretty nearly right, that you are indeed applying common sense to getting people well, and you can go ahead.

There will be failures, of course, for no receipt can be found for completely making over human nature, or of curing all ills, but it is astonishing what results a sincerely sympathetic spirit of helpfulness, coupled with sane judgment, can bring about.

A worker must be an optimist—must keep the well of inspiration full by thinking most of the ones whom she knows she has really helped; their number will be the greatest, if she is made of the right stuff, and if her service is a genuine personal service. There is no place for a pessimist in hospital social service.

Workers will become dismayed, too, because they see so much to be done. And the little they can do, no matter how strenuously they strive, seems to be such a drop in the bucket compared with the overwhelming need. But if they stop to think of the influence of that little upon Tom Jones, whose trend to the insane asylum they have helped to stop, and of what that meant to his family, and, in concentric circles, to the community; and what it meant to the immigrant, whose burden of black despair was completely lifted when he was made to un-

derstand that the steamship ticket found in his pocket would be redeemed for a later date (it represented all his savings of years in a Montana mine, and was to have taken him back to his own kith and kin on the steamer which sailed last Saturday, had he not met with the accident which sent him to the hospital in the strange city Friday night); and what it meant to the would-be suicide, who had decided after days and days of weary, fruitless search for work that the world did not want him, but who, when he came to consciousness on a hospital cot, found a new friend who knew how to patch up the broken strands so the seam would scarcely be noticed, and who knew of a brand-new pathway which would lead out into a larger life than he had ever known; and of what that little meant in the lives of the children, who would likely have been motherless today but for their efforts—if workers stop to think of a few achievements like these their courage will return, for they will feel that any one of them was worth even months of labor. It has required only a hand's turn from the worker and yet how heavily fraught with consequences to the future lives of those concerned!

In the name of the thousands of patients whom this audience represents I beg you to try the experiment of social service in your institutions. If it is not possible to get the hospital board to appropriate the salary, is there not some friend of the hospital who would furnish it for six months to demonstrate the value and need of such a department? If you get the right worker and the right medical direction of the undertaking there will be no doubt about its continuance.

It will add something to your budget, but it will surely reduce your per capita cost to the community by preventing recurrent cases, and your bank account in the saving of human happiness will be a wonderful one.

# OUTLINE OF THE WORK OF THE SOCIAL SERVICE BUREAU OF BELLEVUE AND ALLIED HOSPITALS, NEW YORK

## EXECUTIVE COMMITTEE

Representing Hospital Board of Trustees, Department of Public Charities, Hospital Medical Board, Dispensary Medical Board, General Medical Superintendent, General Superintendent of Nurses, Board of Managers of Training School, New York City Visiting Committee, Chairmen of Sub-Committees, Executive Secretary

## ORGANIZATION

**HEAD WORKER:** Executive Secretary, Bellevue Hospital

**OFFICE STAFF:** \*Assistant, Registrar, Messenger

<p style="text-align: center;"><b><u>PHASES OF WORK</u></b></p> <p><b>PLACING IN CONVALESCENT HOMES</b></p> <p>Securing admission Obtaining clothing Providing railroad fare Restoring afterward to self-support</p>	<p style="text-align: center;"><b>GENERAL WELFARE DIVISION</b></p> <p>Special committee Two salaried workers</p>	<p style="text-align: center;"><b><u>CLASSES OF PATIENTS</u></b></p> <p style="text-align: center;"><b>HOMELESS</b></p> <p>Temporary care Employment Loans until pay day Referring to societies</p>
<p><b>PLACING IN PERMANENT HOMES</b></p> <p>Incurables              Deaf mutes Defectives              Soldiers Epileptics              Aged</p>	<p style="text-align: center;"><b>TUBERCULOSIS DIVISION</b></p> <p>Special committee Eight salaried workers</p>	<p style="text-align: center;"><b>IMMIGRANTS</b></p> <p>Reassuring through interpreter Communicating with friends Exchanging steamship tickets Securing assistance through consuls, etc. Accompanying to homes or friends</p>
<p><b>PLACING IN REFORMATORY AND TEMPORARY HOMES</b></p>	<p style="text-align: center;"><b>CHILD WELFARE DIVISION</b></p> <p>Special committee Three salaried workers</p>	<p style="text-align: center;"><b>BOYS</b></p> <p>Advice Home correspondence Employment Preventive work</p>
<p><b>HOME VISITS FOR INVESTIGATION</b></p>	<p style="text-align: center;"><b>*MATERNITY AND PEDI- ATRIC DIVISION</b></p> <p>Special committee One salaried worker</p>	<p style="text-align: center;"><b>CRIPPLED CHILDREN</b></p> <p>Referring to Children's Aid Society for special schools. For conveyance to and from school and for country in summer Braces, etc.</p>
<p><b>SECURING TEMPORARY CARE FOR CHILDREN WHILE PARENTS ARE IN HOSPITAL</b></p>	<p style="text-align: center;"><b>PSYCHOPATHIC DIVISION</b></p> <p>Special committee One salaried worker</p>	<p style="text-align: center;"><b>DESERTED OR UNMARRIED MATERNITY CASES</b></p> <p>Referring for employment with child Legal aid</p>
<p><b>CARING FOR THE TUBERCULOUS</b></p>	<p style="text-align: center;"><b>JEWISH DIVISION</b></p> <p>Special committee One salaried worker Volunteers</p>	<p style="text-align: center;"><b>PRISONERS AND ATTEMPTED SUICIDES</b></p> <p>Friendly interest Referring to probation officer Accompanying to court Assisting in readjustment to life</p>
<p><b>SECURING AID FOR DESTITUTE FAMILIES BY REFERENCE TO RELIEF SOCIETIES</b></p>	<p style="text-align: center;"><b>ALLIED HOSPITALS HARLEM HOSPITAL DIVISION</b></p> <p>Special committee One salaried worker</p>	<p style="text-align: center;"><b>ALCOHOLICS AND DRUG HABITUES</b></p> <p>Counsel Referring for special treatment After care</p>
<p><b>FOLLOW-UP WORK FOR CHILDREN</b></p> <p>Instruction in home and individual hygiene</p>	<p style="text-align: center;"><b>FORDHAM HOSPITAL DIVISION</b></p> <p>Special committee One salaried worker</p>	<p style="text-align: center;"><b>NEURASTHENICS</b></p> <p>Change of environment Change of employment Friendly oversight and direction</p>
<p><b>CLASS WORK WITH CARDIACS</b></p>	<p style="text-align: center;"><b>GOUVERNEUR HOSPITAL DIVISION</b></p> <p>Special committee One salaried worker</p>	<p style="text-align: center;"><b>INSANE</b></p> <p>Aid by investigation before committal Referring for after care</p>
<p><b>AID TO EMPLOYMENT</b></p>	<p style="text-align: center;"><b>AIMS</b></p> <p>To aid the physician in his diagnosis and treatment by investigation and relief of social conditions and hindrances. To make available to those who need assistance the philanthropic resources of the community.</p>	
<p><b>SECURING LEGAL AID</b></p>	<p>To coordinate resources of special clinics—for example, eye, orthopedic, dental, etc., in restoring patients to complete physical efficiency. To carry the educational influence of the hospital to the homes of the community.</p>	
<p><b>SECURING SURGICAL APPLIANCES</b></p>		
<p style="text-align: center;"><b>LOANS</b></p> <p>Accompanying to    } homes                                      } trains                                      } court</p>		
<p><b>SENDING MESSAGES TO FRIENDS</b></p>		
<p><b>SECURING DENTAL TREATMENT</b></p>		
<p><b>INVESTIGATION FOR IDENTITY OF UNKNOWN</b></p> <p>Cooperation with other social workers regarding patients in Bellevue in whom they may be especially interested</p>		

\* Asked for 1912.

# Teaching Operating-Room Work

MINNIE GOODNOW

Late Superintendent Bronson Hospital, Kalamazoo, Mich.

IT IS not a very difficult matter to teach a nurse of ordinary intelligence how to boil utensils, sterilize dressings, make sponges and packing, care for rubber gloves, prepare and sterilize catgut and other ligatures and sutures, or even to make iodoform gauze. Our real troubles come when in initiating a nurse into operating-room work, we try to teach her to know the multitudinous things which may be called for, to remember to have them at hand, to know what the surgeons are going to want next, in short, to know what to look out for and where to look out for it.

We agree that these things must be learned largely by experience, and that the process takes time. We meantime endure with the best grace we may the exasperation of seeing a nurse fumbling under dressings which are not needed until the close of an operation after those for which the surgeon is waiting at the beginning; of finding that the hypodermic has not been filled and the anesthetist is needing it; of discovering that the needles have not been put in at all; of seeing the sterile nurse stand idle for five minutes and then watch her nervously try to thread a needle with material for the closing up while the surgeon says: "Quickly, please," and swears under his breath; of viewing, embarrassed and chagrined, the many other mistakes which this green nurse is bound, sooner or later, to make; and of listening afterward, with more or less of sympathy, to her wail: "I'll just give up training, for I never can learn operating-room work, anyway."

We have all been through it, either as teacher or pupil, or both, and we have been impatient at our own and our pupil's stupidity. We have sometimes wondered

why it need be so hard when it seems so simple, and why experience should be so slow a teacher.

We will venture the statement that our stupidity and slowness to learn is due largely to lack of system, and that if real system and a little of the old-fashioned learning by rote be used in the operating room the woes of teacher and pupil will be cut in half and the profanity of the surgeons reduced to a minimum.

Some few operating rooms use system, but most of them stop short of a complete system and compel their nurses to learn by hard and bitter experience.

But the system? It is a perfectly simple thing to have in the operating room a list of the contents and arrangement of each table and shelf, a detailed list of the duties of the nurses during each part of the operation, and a list of things to be seen to at each period of time. It is so simple that we think it not worth bothering with, and we keep our nurses and ourselves on the anxious seat for fear something may have been forgotten, and worried out of all possibility of good work for fear they will not know what to do.

Give first to your operating-room nurse a list of the contents of her sterile tables, adding, if necessary, a diagram which shall mark the position of each item. If you haven't an established place for every article, establish it, for in no other way can you always be able to hand things quickly. A similar list of the exact contents and arrangement of the unsterile table is made. Another list should be furnished of the items belonging upon the anesthetist's stand.

These lists should be pinned up or laid in a convenient place while the room is being

prepared, and the one containing the sterile items should be where the nurse may run to it for a last look just as the patient is coming in. "That blessed list" has saved many a nurse from distress and shame.

Both the sterile and the unsterile nurse (we assume that you have no more help than you need) should have and commit to memory complete lists of their duties. They are classified as follows: things to be seen to (a) before the operation; (b) at the beginning of the operation; (c) during the operation; (d) at the close of the operation. When each group is arranged, it is surprising how few items there are under each heading. Almost any nurse feels that she can soon learn them.

This exact classification does away with any uncertainty as to who is to do this or that, and lets each nurse know her own work without needing to wonder whether she should help the other. It gives a secure feeling, because she knows just how many items there are, instead of having to worry over some indefinite number which always seems more than it really is. Sterile or unsterile, the nurse may go over her list in her mind and mentally check off each item as she does it. She *knows* whether she has all the things needed, she *knows* what she must look out for at this stage of the operation, and she works with half the nerve strain and twice the efficiency which she used to have, because of a mind at rest. It is hard to realize, until you have tried it, the mental serenity which these bits of ink and paper give one.

A piece of actual experience may serve to illustrate. The hospital followed the plan of having a pupil nurse in charge of the operating room and acting as sterile nurse. The superintendent of nurses would have preferred to do it herself, but was too much occupied elsewhere. The time came when the nurse next in line for the operating room was a young woman who had not made good in the general work, but who had done just

well enough to escape dismissal. There seemed no good reason for refusing her the operating-room training, even though the chief surgeon had stated his lack of faith in her and expressed his disapproval in unequivocal terms. Her brains were all right and her one virtue was that she was willing to try.

She was started in with the detailed lists of all which she must have and do, and she studied them industriously, though with failing faith in her own ability and a clear knowledge of the chief surgeon's attitude toward her; both she and the superintendent of nurses approached the first operation with fear and trembling.

It was a minor case, but for the dreaded chief surgeon, whose criticism they knew would be merciless. The nurse sat up late the night before studying her lists, and early in the morning was in the operating room poring over them. The superintendent of nurses had planned to be in the operating room for that case, but had resolved to give no help unless she was forced to it. If the young woman failed to make good after a fair trial, it would furnish an excuse for removing her from that department.

But she made good. Despite her nervousness and fear of the surgeon, she went through her first case *without an error*. Even though this is a true story, neither of the two pairs of keen eyes which were watching her could find a thing forgotten, a thing not ready when it was needed, a thing undone when its time came.

This blissful state of affairs continued, and though this nurse eventually made enough mistakes to prove her human, she was an entire success and a credit to her training.

Each hospital must make its own lists, for each has its own peculiar arrangement of work and its own distinctive methods and materials; moreover, the number of people at one's command is a factor in the working out of any plan.

The following schedule will serve as an outline which may be filled in to suit individual requirements:

#### Contents of anesthetist's stand:

##### Top—

Two inhalers, chloroform, 1 bottle; ether, 3 or 4 cans ( $\frac{1}{4}$  lb.); alcohol, cold cream or vaseline, tongue forceps, mouth gag, old knife for opening ether cans, scissors, large pieces of gauze for covering eyes, hypodermic tray, amyl nitrate pearls, filled hypodermic, small sterile sponges for hypodermic.

##### Shelf—

Emesis basin, small pieces of gauze for wiping mouth, six small towels.

#### Contents of unsterile nurse's table:

##### Top, right—

Two-quart pitcher of warm sterile water, one-quart pitcher of 1-1000 bichloride sol., bottle of green soap, bottle of alcohol, bottle of tr. iodine, package of sponges for scrubbing up, basin containing sterile brush for scrubbing.

##### Top, left—

Three sterile gowns, each in separate package; packages containing caps and face pieces.

##### Shelf—

Three towels, emesis basin, jar of drainage tubing, specimen dish, adhesive plaster, safety pins, abdominal or T-binder, roller bandages.

#### Contents of sterile nurse's table:

##### Large table, top—

Instruments, arranged in order, each kind having its special place. Those most used are in front, the odd pieces at the back. Basin containing water and sponges for washing instruments.

##### Shelf—

Tray containing knives, basin of hand solution for nurse, final dressings.

##### Small table, right—

Catgut in covered dish, silk-worm gut, wrapped; any other sutures used, needles in dish, small dish of alcohol, needle holder, space for threaded needles.

##### Left—

Sponges, large and small; towels, abdominal rolls or packing, any special dressings.

##### Shelf—

Sheets, extra sponges and towels.

The lists to be committed to memory are as follows:

#### Duties of unsterile nurse:

##### Before the operation:

Fill solution basins; fill irrigator and cover it; prepare hypodermic for anesthetist; put alcohol in basin on sterile table; get gowns for visitors; tie doctors' rubber aprons; put scissors and needles in to boil; open dressing and utensil sterilizers; help anesthetist with gown; put doctors' caps and face pieces on them; tie gowns for doctors and sterile nurse; open instrument sterilizer.

##### At beginning of operation—

Help arrange patient on table; adjust blankets; put feet into leg holders, if used; place Kelly pad; protect blankets with small rubber sheets; unpin and take off binder or bandages; remove dressing; place sponges for scrubbing; pour soap, water and bichloride; pour alcohol or iodine as needed; place instrument tray, if used.

##### During Operation—

See that instrument sterilizer is boiling gently; see that waste pails are in place; keep clean solution in all basins; have hot salt solution ready and pour it when asked; wipe doctors' faces, if necessary; pick up, wash and reboil any instruments dropped; turn on irrigation when needed; have cautery ready if needed; help in putting table into Trendelenberg position; open and hand jar of drainage tubing if needed; get and boil any additional instrument asked for; watch anesthetist and give hypodermic if asked; open fresh cans of ether; hand emesis basin, sponges or towels if needed; watch sterile nurse to see if she needs you; listen to what the operator says; *stay in the operating room.*

##### At close of operation—

Ring for porter or call orderly; get basin of sterile water for sponging off; help dry patient; hand adhesive; hand binder and safety pins; help put on and pin binder; wrap patient and watch her; untie doctors' gowns; help put patient on stretcher; go down with patient, unless told not to.

#### Duties of sterile nurse:

##### Before operation—

See that tables, basin stand, irrigator, stools, etc., are in position; boil brushes and gloves and put them in their place; arrange anesthetist's stand; try cautery to see if it works;

get operating table ready, warming apparatus, pads, blankets, etc.; get Kelly pad ready and in place; put instruments, except scissors and needles, to boil; put knives into carbolic (or alcohol); put on rubber apron and cap; scrub up; put on gown; get out basins, pitchers, etc.; cover tables; get dressings from sterilizer and arrange them; put on gloves; get instruments, arrange and cover them; get out sutures, threading part of the needles.

#### At beginning of operation—

Place sterile towels for the scrubbing up; place sterile sheets; place sterile towels, etc., about field of operation; if instrument tray is used, cover with towel; place sponges, large and small; uncover instruments and hand ones first needed (knife, artery clamps, tissue forceps, scissors, etc.).

#### During operation—

Keep surgeon supplied with sponges; keep at least two artery clamps near assistant; keep tissue forceps, knife and scissors clean and near surgeon; hand other instruments as

needed; lay back on table instruments which are no longer needed; keep instruments washed; keep clean towels about field of operation; have ligatures unwound, cut and ready; have sutures threaded and placed in needle holder; *listen to the surgeon*; watch your technique; watch operation if you can.

#### At close of operation—

Cover or put away sutures; hand sponges for cleaning up and help if necessary; hand dressings; take off gloves and help bandage; pin binder and help wrap patient; if another operation is to follow immediately, wash instruments and put to boil.

These lists will need additions and alterations according to plan of work and amount of help. Several items will need to be added if operations follow each other closely. The main thing is to be sure that no item, however small, is omitted. If you choose to arrange them in the exact order in which things are to be done, it may be of advantage.

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### PRACTICAL HINTS

Ice coils frequently stop up. It takes time to pump or start flow again. I have had no trouble since I adopted my plan, that is to put a funnel in siphon part of coil, cover with gauze to make a strainer. This keeps all sediment from going through coil. If it runs out too rapidly, put stop cock or elastic band on outlet tube. I have always kept coil cool in that way. M. E. K.

Tincture of iron should never be given at or near the time tea is drunk. Any preparation of iron is apt to disturb the digestive functions if long continued, and in all cases in taking iron the bowels should be kept loose.

Stains of nitrate of silver may be removed from the hands with a strong solution of potassium iodine; stains of iodine with ammonia water or alcohol.

One of the best methods of relieving the pain in the lower part of the back which is likely to result after almost any operation in the abdominal or pelvic regions is to place a small pillow in the hollow of the spine.

An old-fashioned remedy, useful in cases of simple sore throat, is a pepper plaster. Lard or mutton suet is spread on a piece of cotton and black pepper dusted freely over it.

When brushing matted or snarled hair of fever patients, if the brush is dipped several times in kerosene during the process and applied to the hair the oil will free the snarl or mat, and make hair dressing more of a pleasure to both patient and nurse, and as it evaporates quickly it is not obnoxious, neither does it soil the bed linen., M. W.

To cleanse my stationary wash bowl I use borax and find that it scours as thoroughly as any regular scouring preparation, and when using the bowl after for bathing the skin is not roughened from the particles of borax that may remain in edge or crevices, as is the case when using the latter.

M. W.

# Lightning Stroke\*

MARY A. CLARKE

Bellevue

FOR about twenty years past the United States Weather Bureau has kept statistics of the fatalities from lightning stroke, as have also the insurance companies which make a specialty of lightning risks.

In the United States thunder storms are most frequent in the area east of the 100th meridian of longitude, except in a narrow strip of country along the extreme north-eastern border. West of the 100th meridian, except in the Rocky Mountains, this frequently diminishes toward the Pacific coast, where thunder storms are rarely known. The areas in which fatalities are most numerous are the Ohio Valley and the middle Atlantic States.

While thunder storms are frequent in the Gulf States, the proportion of deaths by lightning as compared with the New England States is as one to two—the population being denser in the New England States.

There are three regions of maximum thunder-storm frequency: one with Florida as its center and having on the average forty-five days per year with thunder storms; one in the middle Mississippi Valley, with thirty-five days; and one in the middle Missouri Valley, with thirty days. Yet, in the statistics for 1900, Pennsylvania led all the States, showing 59 killed by lightning and 125 injured. The total number for the United States in this year was 713 persons killed and 973 injured.

Statistics collected from the years 1890 to 1898 showed a total of 2,496 deaths—on the average 312 per year, or about five to the 1,000,000. Practically all of these were in the months from April to September; July was the most fatal month, showing 738 for the eight years; none were reported in January.

These figures are considered inadequate to represent all the fatalities, since many must have occurred in remote places and remained unnoticed except in the communities in which they happened. The greatest fatality from a single stroke recorded by the Weather Bureau was in Chicago, where a thunderbolt killed eleven persons huddled together in a zinc-lined shanty.

Lightning stroke is an injury caused by a current of electricity passing through the air. A person or thing may be struck by the primary current or by an induced current, that is, by proximity to some near-by object that is struck. The shock usually kills, the mortality being nearly 75 per cent.† When death is not instantaneous, the symptoms are those of profound shock and compression of the brain. There may be paralysis, anesthesia, blindness, hysteria or insanity. On examination fractures, lacerations or burns of any degree may be found, the latter being often slow to heal, or the bolt may even tear a limb from the body or split open the skull.‡

The persons stricken are usually those engaged in outdoor pursuits in the open country, where the danger from lightning is estimated to be five times greater than in large cities.|| Skyscrapers with metal roofs and cornices, the steel structure of modern buildings, telegraph, telephone and electric light wires, all act as conductors, and disseminate or diffuse the fluid which is dangerous to life in proportion to its concentration. A building may be struck whether there is a lightning rod on it or not, but a rod well placed is usually a sufficient conductor. Contrary to popular opinion lightning has been known to strike twice in the same place. In 1890, 625 fires

\*Based upon reports of the United States Weather Bureau, Bulletin No. 15, *Protection from Lightning*; Bulletin No. 30, *Loss of Life in the United States by Lightning*; Stewart, *Manual of Surgery*, 1907.

†Stewart, *Manual of Surgery*, 1907, page 126.

‡A Case in Johnstown, Pa., July, 1910.

||McAdie, "Protection from Lightning"; United States Weather Bureau, 1894, Bulletin No. 15.



in the United States were caused by lightning. During a severe electrical storm it is well to avoid trees, the doorway or walls of houses or barns, the proximity of cattle, chimneys, fireplaces, or the end of a wire clothes line. Oak trees are most frequently struck; the beech, birch and maple rarely, if ever. The trunk of a tree seems the most vulnerable point, but the stroke appears to travel to the ground and seldom passes to other trees.¶

If a person has received a lightning stroke, but is not killed, he lies stunned for a time or paralyzed from the shock. If he is apparently dead, yet the body does not show destructive tissue changes, the case may be only one of suspended animation or temporary paralysis of respiration and heart beat, which would terminate in death if not soon counteracted, or by skillful treatment might end in recovery. Therefore, an attempt should always be made to resuscitate the person. Three things are to be done: send for a doctor; try to make the person breathe; keep his body warm. Begin artificial respiration and keep it up for at least an hour. Treat the case as one of prolonged syncope or faintness, in which prompt stimulation is necessary. Keep up the warmth of the body by hot-water bottles, hot bricks, hot flannels, and warm clothing, if necessary, taken off the backs of bystanders. Raise the feet and lower the head. Draw out the tongue and have somebody hold it out with a cloth or handkerchief. Loosen all clothing from neck to waist, but be careful to keep the body covered and warm. Rub the limbs upwards, so as to force the blood to the heart and brain. Apply ammonia very carefully to the nostrils and mustard to the extremities. As soon as the person can swallow, give him hot water, hot coffee or a little diluted whisky or brandy. Then encourage him to sleep.

The *Medical News* for August 11, 1888, records a case of severe lightning shock and recovery due to prompt action by those present.

Burns are to be treated like burns from any other cause. Excepting blindness and in those cases in which there is hemorrhage into the brain and spinal cord, nervous disturbances gradually disappear.

Lightning prints are zigzag or branch-like lines, red or brownish in color, which start from the point where the bolt enters the body and follow the course of the blood vessels. They are localized congestions of the small blood vessels of the skin. The zigzag lines have been supposed to be photographs of trees, but this "printing power" of lightning has been greatly exaggerated.§

People of highly nervous organization feel unnecessary alarm before a thunder storm and suffer from uncontrollable depression of spirits. Such persons should bear in mind that "one never sees the flash that kills him."¶ It is useless for the timid to flee to feather beds for safety and to hide away small articles of steel, such as knives, scissors, etc., as these do not attract lightning.

During a cloudburst and electrical storm in Berlin in 1910 twenty persons were struck by lightning, but none fatally. In Pottsville, Pa., in September, 1910, a lightning bolt struck six persons, all of whom were unconscious for a time and one did not revive for two hours. The sky directly overhead was clear, and from this clear spot the flash apparently emanated. The same was true of a recent fatality at the Chevy Chase Golf Links, at Washington, D. C., when the deadly bolt seemed to come straight from the blue, in the open field, and without rain.

A remarkable account of strange freaks of lightning is to be found in "Thunder and Lightning," by W. De Fonvielle, 1886.

§ Chambers' Encyclopedia, Vol. VI, page 129.

¶ McAfee, "Protection from Lightning."

# Home Nursing for Crippled Children

DOUGLAS C. MCMURTRIE

THERE are two types of care for crippled children, residential and non-residential. In the former the children are cared for in institutions or homes at which they live. In the latter the children receive their orthopedic treatment at clinics or dispensaries, being taken daily to special classes in the public schools, while they still live at home with their families.

To carry out this system it was found necessary to develop a special system of nursing. Trained nurses were employed to have general charge of the children and to see that everything possible was done to promote their well being.

As the work has been so satisfactory and the nurses have been able to accomplish such excellent results, not only in the purely physical care but along lines of social betterment as well, a description of the system employed by a representative organization may prove of interest.

In its attempts to benefit crippled children the organization works along several lines. Most prominent is the work of transporting the children to and from the public schools where special classes are provided for them. This service enables children who would otherwise be confined at home to have normal educational advantages. The trained nurses, who travel to and from school with the children, do all they can in every way to better the condition of their crippled charges. This they accomplish by exerting a salutary influence upon the children themselves in their twice-daily contact with them, and by visiting in the families they endeavor to so instruct and influence the child's parents that home conditions may be greatly improved. These nurses also maintain a general oversight of the child's physical condition, and they

see that attendance at the clinic is regular and that the surgeon's directions are followed.

The constant aim of the work is to make the condition of the children more normal and healthy, not only physically but also mentally and morally. Its whole tendency is away from institutionalism and toward the encouragement of the best possible care of the child by his own parents. Where the development of this is possible the most permanent results are attained.

The daily transportation of the crippled children to and from the public schools is done in cooperation with the city board of education. For this purpose there are provided omnibuses of the ordinary type, presided over by a trained nurse and manned by a coachman and a carrying boy. Each omnibus starts at half-past seven in the morning and makes a trip over a prescribed route, picking up the children at their homes. All those who are able to get downstairs are waiting on their doorsteps, and the carrying boy helps them into the vehicle; those who are not able to get down to the sidewalk he goes upstairs for and carries down. The nurse superintends and directs all handling of the children. When the omnibus is full the children are taken to the public school and left there, while the omnibus makes another similar trip before nine o'clock.

These are interesting trips, and the nurse has a fine opportunity to become acquainted with the children and exert a good influence upon them. The little girls are taught to behave quietly and properly, and the boys are taught to tip their caps in the morning and be polite to the girls.

The special classes at the public schools are splendidly managed, and every modern

advantage is provided. In the newer schools the classrooms are on the ground floor, opening directly on a court, where the children may play in the open air between lessons. Desks and chairs of special design are provided, which can be adjusted in every particular to the individual need of the occupant. The teachers are specially selected with regard to patience and ability and receive an increased compensation.

There is no regular schedule, and the work is so arranged as to be adapted to the needs of the crippled children. The general curriculum is approximately the same as that pursued in the regular classes. Special attention is, however, devoted to work of a constructive character. School is over each day at two o'clock, these special classes letting out one hour earlier than the rest of the school. It is very generally considered, however, that this shorter period of work is fully compensated for by the greater amount of individual attention the children receive. The classes are much smaller than the average, each teacher having about twenty children. As a general rule the crippled children make about the same progress as the scholars in the regular classes.

The nurses devote all their spare time to visiting the homes of the children. When the children first come under the nurse's care they present, as a general rule, serious problems. Most of them have no training whatever, and a great many are very badly cared for at home. Such a situation, however, might well be expected. A mother who is very poor can do very little for a crippled child and even then she does not know what to do. She comes to regard the case of the child as hopeless and the child himself as an unmitigated burden. So, in many instances, the situation is at the start very discouraging. But in most cases the mother instinct remains, and by encouragement and intelligent direction it may be brought into vigorous life. The attitude of utter hopelessness may be allayed and often the mother be-

comes enthusiastic over what may be done for the child. The nurse offers to take the child every day to the public school, and merely asks the mother's cooperation, and in most cases short of entire depravity this can be obtained. Of course, at first it will be blundering and uncertain, but with the moral attitude right the details of care are easily attended to.

There are, it might be well to say, a gratifying number of cases in which the mothers stand ready and willing to do every thing in their power for their crippled children. In such instances all the nurse needs to do is to point out the best methods of care.

After getting the family started in the right direction, the nurse shows the mother how to care for her crippled child—bathing, dressing, adjustment of braces and feeding. Also, the nurses stand ready to give instruction in the best and most economical principles of home keeping. In every way they seek to become the friends and valued advisers of the families. In most instances they succeed.

Their influences can be seen in the change in the appearance of the children after they have been under the care of the organization for some time. From dirty, unkempt urchins they turn into neat, clean and well-groomed children. Such work as this is of benefit not only to the children but to the families as well.

The nurses always aim to do the best they can with the facilities at hand, and encourage the families to do all they can for the children. Where it is absolutely impossible for the family to furnish necessities, the organization stands ready to provide them—through the medium of the parents, if possible. Thus, when one of the children needs a new pair of shoes and the family cannot afford to buy them, the nurse will get them and give them to the mother to give the child. This is to encourage the preservation of normal family relations and to pre-

vent the estrangement which always follows when a child loses respect for his parents and begins to look to others for elements of daily existence which should come from his own family. The attitude of "Here, little boy, your mother can't give you what you need; come with me and I will do it instead," is hardly a desirable one. So also with the lunches which the children take to school—the nurse first tries to get the mother to furnish a suitable one. If this is not possible, the nurse will arrange to have one furnished. The child, however, does not know this.

In some cases, of course, little can be done with the family, but they are very few. In such instances other courses must be pur-

sued, but where the development of good care from the family can be effected there is accomplished a permanent result of the greatest value.

As can be seen, the results attained give reason for thorough personal satisfaction in addition to the purely professional pride which may be taken in surgical improvement and results. Those nurses who are engaged in the work could not be persuaded to leave it.

The growing realization of the necessity of providing education for crippled children will result in an extension of the system described and it is likely that the opportunities for this type of home nursing will be greatly enlarged.

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## The Worrying Patient

A. P. REED, M.D.

A WORRYING patient is the greatest tribulation of the nurse, and too often the physician's Waterloo as far as individual cure is concerned; since coupled with worry disease assumes its most defiant and obstinate attitude. Being constantly in the presence of worry is moreover very wearing to the nurse, especially if she be of nervous temperament herself.

A nurse who was usually very efficient said to me: "I could stay with this patient much more gracefully if she wasn't continually borrowing trouble. It does seem sometimes as if I must get away from her or go daft. I feel that she needs a different personality."

And so it seemed to me, and I advised her to change places with another nurse on a case of mine. I succeeded in effecting the change and found it better, since the new nurse was of the sort said to "have no nerves," and withal was bubbling o'er with

cheer and "mother wit," just the one to confer the full benefits of jollyng, so much needed by the nervous patient. It took all the "new thought," old thought and Christian Science we both possessed, however, to economize this patient's reserve stock of nerve force sufficiently for recovery purposes, but in time we did it.

Worry patients are wearing patients; wearing themselves and all who come in contact with them. It not so infrequently happens that to emancipate your patient from the slavery of blue thoughts is to administer his best medicine and to put him a long way on the recovery road. Blue thought forebodes worry, and the worry-laden victim gets at length to worry over the merest trifle. Such a person needs to "whistle to keep up his courage," as the saying is, and there certainly is something in it; but the nurse too often finds the patient past the "whistling" stage, being so

weakened as to need some one to "whistle" for him. In view of the array of long faces often found in the household, the faithful nurse, backed by the occasional "whistle" of the physician for a change off as he makes his calls, can, I am sure, be a big factor in the treatment as well as the nursing of these cases.

Blue thoughts are hard masters and give us much to contend with, albeit, a large per cent. of the worry they cause is of the useless sort, and if we can eliminate the useless worry—the worry that worries over troubles that never come—and give the patient proper control over these, why we are not only doing the most that we can hope to do, but, withal, are economizing a very large amount of nerve force reserve, since such worries make so large a proportion of the aggregate.

It is said that worry is the child of fear; hence, allay fear and worry will "die a-borning." The key to the nurse's situation in these cases is, it seems to me, enconced in this thought, her antidote lying largely in her ability to allay fear, through diverting the patient's mind by turning it into opposite channels of thought.

To do this most successfully one needs to cultivate the optimistic to the uttermost, and the nurse should always be an optimist. Hence the nurse should take none but cheerful literature into either the sick or the private room, and let the nurse strive to be overflowing with cheerful thought, so her charges may imbibe the overflow. Specifically, my dear nurse—and no one is a truer or more sympathetic friend to you than myself—teach your patient to live in the present rather than in either the past or future. "Live for today, tomorrow is a dream," should be the motto of the worry patient, whose nature should be infused and enthused with the idea by some gently dominating personality, and let the nurse study to be that personality.

Bear in mind that fixing and concentrat-

ing the mind on other things quite foreign to the worry is more effective than fighting the worry itself in the ordinary sense of the term, or in simply using the old admonition of chestnutty flavor, "Don't worry," which while good and well meant can never deliver one from the swamp of despair unaided by those things which enable one to ascend into a higher atmosphere where life may be viewed in truer proportions. Every bit we can dull the edge of wan-eyed worry, that left to do its work so frequently lands its victim either as a confirmed hypochondriac or in the insane asylum, is a great desideratum. So we must endeavor to drive out one thought by the substitution of another. A great financier was once asked how he kept worry at bay. He replied, by contemplating the two worst things that could happen to him—losing all his property and going to jail—thus exemplifying the fact that the enormity of error or bad happenings may be so mitigated as to save disaster by dwelling on visions of how much worse it might have been.

If you can substitute one thought for another, even though that thought be not much better, you are at least serving the purpose of getting the mind out of a rut before the rut shall become too deep to get out of it. Hold up an ideal before the patient and turn every circumstance into an effort to attain to it, never wearying in well doing. Many kinds of worry exist. These need many and varying adjustments, but many expedients will occur if we interest ourselves and have "an eye out" whereby we can show such patients that they are more than half the time entertaining purely imaginary obstacles to the great detriment of themselves, and that none of the things they worry about are bad as what the worrying leads to.

They should be made to realize the things they still have to be thankful for, and that there are others much worse off than they.

# The Tuberculosis Nurse and Her Work

MABEL JACQUES

## PART I

THE campaign against tuberculosis has now become so general throughout the country, and, indeed, the world, that the opportunities for nurses to take part in the work are daily becoming more numerous. As the interest grows, the necessity for a greater number of workers naturally increases, as without the help of the trained nurse all adequate tuberculosis work would be practically impossible.

All large cities and many small ones have now special nurses to carry on tuberculosis work among the poor. In some cities this work is under the direction of the health department, in other places it is supported by a tuberculosis association, a district nursing association, or some other private charity.

The nurse who wishes to engage in this form of work should possess certain quite important qualifications. The necessity for being out in all kinds of weather and the inevitable exposure to disease make it necessary that physically she should be in as good a condition as possible. Mentally she should be keen, quick to comprehend details, and able to adapt herself easily to both people and conditions; she should possess intuition and diplomacy, and, above all, she should be cheerful and optimistic. A woman who is physically in poor condition, who is liable to become mentally depressed, or who has not a firm belief in the cure and prevention of the disease, should never enter this field of work. Despondency, lack of enthusiasm and physical inability all have such an unfortunate effect upon the patient that all the professional knowledge that such a nurse might possess would be of little help in carrying on her work. It is, of course, to be understood that a tuberculosis nurse should likewise have a good general training in the

management of various diseases, for complications are quite likely to arise which would make this knowledge a necessity.

The special preparation for nurses who wish to engage in this work is more readily obtained than was the case a few years ago. Many city and county hospitals now have special tuberculosis departments where nurses in training may obtain experience in the nursing of those suffering with the disease. These patients are, however, barred from many of the general hospitals, so that a nurse graduating from such an institution and wishing the additional experience might do well to enter a special hospital or sanitarium set apart for tuberculosis patients.

A nurse desiring to engage in district tuberculosis work should apply to a district nursing association in one of the large cities. Most of these associations now have special tuberculosis departments, and if there is a vacancy, and one's credentials have proved satisfactory, being enrolled on the staff is a comparatively easy matter. In some of the cities, New York, Chicago, Boston and Baltimore, similar positions may be obtained under the municipality by applying to the department of health.

The Phipps Dispensary, in connection with the Johns Hopkins University, of Baltimore; the Phipps Institute, lately annexed to the University of Pennsylvania, in Philadelphia, and the Pittsburgh Tuberculosis League also offer positions to graduate nurses wishing to take part in the tuberculosis movement. The State Department of Health at Harrisburg, Pa., operates a large number of dispensaries throughout the State, and competent nurses are always in demand.

The salary of a tuberculosis nurse varies,

but it may be safely said that it ranges anywhere between eight hundred and twelve hundred dollars a year, depending largely on the financial standing of the association or department with which the nurse is connected. In comparison with the amount earned by a nurse in private practice the sum named may perhaps appear small, yet the uncertainty of private work seems to make the salary of the district nurse, assured to her month by month, more satisfactory in the end.

The hours of duty are usually from 9 A.M. to 5 P.M., with an hour for lunch at midday, but these hours vary with the increase or decrease in the number of patients being cared for and also depend largely upon the nurse's ability to systematize and adjust her work. There are never any duty hours at night, the nurse being assured that when her work is finished in the evening there is no likelihood of her being called during the night.

In some instances nurses engaged in district work live in a home provided for that purpose by the association, but in other places they are obliged to seek homes for themselves. The question of a living place is one of great importance to a tuberculosis nurse. She should live well and comfortably, and should have, if possible, a room to herself, for, exposed constantly to the disease, as she must inevitably be, it is quite necessary that she should have at night the greatest amount of air available. Many tuberculosis nurses sleep out of doors, on porches, balconies or some other place especially arranged for that purpose. Good, nourishing food is also most essential, and the diet prescribed for a patient is really a very good one for the nurse herself to adhere to.

It is, of course, to be understood that there is a certain amount of danger connected with the work, for the nurse is frequently exposed to the disease under the most unfavorable conditions. If, however, she takes care to observe the precautions

that she insists upon others carrying out, the liability of infection is comparatively slight. She should always be sure to wash her hands after coming in contact with the patient; the value of soap and water in this work cannot be too firmly emphasized. It is also advisable to use a mouth wash of some sort, such as listerine or glyco-thymoline, before eating, and whenever else it is convenient.

In caring for advanced cases the danger is, of course, greatly increased, the patient being in a much more infectious condition, and precautionary measures should in such instances be particularly enforced. Every effort should be made to avoid carrying the disease to others. For this reason, one should never wear in calling upon friends or acquaintances a uniform that has been worn while on duty. When the day's work is done the uniform should be removed and hung, if possible, in a place apart from other clothing.

There are, quite naturally, many difficulties to overcome in this work. Again and again, in making her first visit to a patient, a nurse is received in anything but a friendly manner, and it often takes much time, patience and perseverance to gain that measure of confidence on the part of the patient and his family without which efficient work is impossible. The work is usually among the very poorest of the city's poor, a large proportion of whom are foreigners, and these people are full of old superstitions regarding this particular disease, which must be overcome or the desired results cannot be obtained.

With all its discouraging features, however, the work is of intense interest, and one of the most satisfactory lines in which a nurse may engage, for to the tuberculosis nurse is most assuredly offered one of the great opportunities to aid in the prevention of tuberculosis, the proper carrying out of which, it is to be hoped, will eventually eradicate the disease.

# The Non-Commercial Exhibit of the American Hospital Convention

THE second non-commercial exhibit of appliances invented, improved or arranged by hospital workers proved to be truly worthy of the great convention of which it formed a part. To many of the members who had not attended the meeting last year when the first exhibit was held, it proved a pleasing surprise and a source of interest for every leisure moment. "There is so much to see that one despairs of taking it in," was a remark made by one superintendent, to which another one replied: "The thing to do is to carry a notebook and jot down the things that you are specially interested in, and then come back and examine more closely." This rule was followed by many. A full list of the articles shown will appear in the volume of the convention proceedings. Among the interesting things seen in the Rockefeller Institute Hospital collection was a soiled clothes receiver, consisting of a portable circular frame, mounted on rubber-tired castors, with a canvas lining, which could be wheeled to the bedside to receive the soiled clothing as it was removed from patient or bed. The canvas bag fastened over the top of the frame was easily detached when the bag was filled, and the necessity for frequent handling of infected articles was thus reduced to a minimum.

Miss Kraemer, of the Thompson Hospital, Canandaigua, N. Y., sent a splendid contribution to the exhibit. There was the adult crib bed for mildly delirious patients, which she herself designed—a screen made at the hospital of gas piping, covered with aluminum varnish, draped with white, at a cost for all material of \$1.53. A larger three-panel screen on the same order was also shown. A croup kettle designed by herself, and an adult home-made manikin, shellacked, ready to be poulticed, packed and

bathed, for the benefit of probationers and pupil nurses in the class room, all served to indicate that Miss Kraemer is possessed of inventive genius of no mean order.

A feature of the Post-Graduate Hospital exhibit which attracted considerable attention was the adjustable bed attachment, which can be readily applied to any metal bed and may be used as a back rest, foot rest, table, seat, cradle or protector. When the head or foot of the bed is elevated the patient can be comfortably and securely retained in the desired position. The inventor, Miss J. M. Swenson, of the Post-Graduate Hospital staff, is certainly to be congratulated on working out a simple and comparatively inexpensive device for the comfort of patients which can be used for so many different purposes.

Some special features in hospital construction which are being built into the new addition to the Post-Graduate Hospital proved of special interest to those who are building hospitals or planning to in the near future. The collection from this hospital was a valuable contribution to the exhibit.

The Presbyterian Hospital collection included a roster-board for the training school, a demonstration of the methods of keeping charts and bedside notes that proved of special interest to those who were teaching nurses, and a three-panel wire screen about three feet high, used to place around a bed in the children's ward as a precautionary measure. An article which many paused to examine was a child's examining table for a ward—simple in construction and splendidly practical.

A home-made article contributed by Mount Sinai Hospital was a leaning stand for cardiac patients. This also was the invention of a nurse. This hospital contrib-



uted the only specimens of home-prepared catgut that were shown. Their stand and outfit for intravenous infusion received much appreciative comment.

Miseracordia Hospital exhibited a second-stage labor suit and the Chicago Lying-In Hospital a jacket and set of knitted obstetrical leggings, which were new to most of the visitors. The Jewish Hospital, Brooklyn, contributed a wire baby-basket, so light, so simple and so clean that the marvel is that such a splendidly practical article for the maternity ward was not thought of long ago.

Massachusetts General Hospital contributed a model of their tent ward for children, and a demonstration of their methods of filing clinical records.

Bellevue Hospital made a most complete exhibit of the methods used in keeping and filing their clinical records. Both of these systems are already celebrated in the medical world and have already been copied to a greater or less extent by a great many hospitals.

Roosevelt, New York Hospital, St. Luke's, Methodist, of Brooklyn, and Lincoln Hospital were among the other local institutions to which the convention was indebted for material of interest and practical value.

The Hospital for the Ruptured and Crippled made a fine display of orthopedic appliances made on the premises.

The Health Department Hospitals, of New York, sent a collection from their antitoxin laboratories and also a demonstration of a simple and inexpensive disinfecting outfit.

The Ernest Wende Hospital, of Buffalo, sent removable ambulance lining, designed by the superintendent, Dr. Goodale, which can be used with any ambulance, thoroughly disinfected and readily changed when different classes of infectious patients have to be transported.

Sydenham Hospital, Baltimore, contributed a croup kettle with electric-light attach-

ment, which can be quickly attached to any electric-light socket. A score or more of hospitals sent books containing their special blanks and literature.

Mr. Fred Bunn, of the Youngstown Hospital, by special request whittled out with his jackknife and a cigar box a clever model of a chart cabinet in use in that hospital. He did this after he arrived at the convention.

Samaritan Hospital, Philadelphia, contributed, among other things, a simple, inexpensive proctoclysis apparatus.

One of the collections which was most complete and carefully thought out was that from the Manhattan Maternity and Dispensary. It included an equipped staff labor bag, an equipped nurse's post-partum call bag, an equipped breast tray, door bumper, weighing blankets, jacket for premature infant, roof hood for infant, infusion set, and a manikin on which was demonstrated the method of applying the long binder. Miss Cadmus and her associates might very justly be proud of their part of the exhibit.

Presbyterian Hospital, Chicago, sent specimens of alcohol and liquid soap dispensers, a hypodermic needle sterilizer and an adjustable cutoff for regulating the flow of fluid through rubber tubing.

A very practical article which a great many superintendents decided to introduce at once into their institutions was contributed from the Boston Consumptives' Hospital. It was a device for caring for specimens of stools which were awaiting examination. Simple though it was, it proved to be the result of a long series of experimenting for a successful article for this purpose.

The New England Baptist Hospital, Rochester General, Waterbury Hospital and various others had brought one or more useful articles which they had worked out to meet their own needs.

The New York Milk Committee contributed a very interesting collection of charts, photographs, pamphlets, etc., used in con-

nection with their work at the Vanderbilt Clinic and other places in the campaign to reduce infant mortality.

The contribution made by Hartford Hospital would have taken the prize for originality in methods of promoting economy in hospitals, had one been given. Besides an equipped hypodermic tray with every convenience for work, and a splendid collection of hospital and training-school blanks and literature of many kinds, Miss Sutherland sent her collection of articles showing *the misuse of hospital appliances by nurses*. There was a most forlorn specimen of a celluloid comb ruined by steam sterilization; a remnant of a hospital spread, blanket, sheet and mattress burned through by leaving an electric light bulb on a bed; a portion of a rubber fountain syringe destroyed by oil; a piece of blanket which had been ruined by disinfectants; rubber tubing which had been kept too long, and so on through a varied list of articles which every hospital could add to without effort. This collection is taken into the classroom and used in teaching *what not to do*. If there was a woman superintendent present who did not state her determination to begin such a collection when she returned home, we did not meet her. One newspaperman in his report of the exhibit dubbed this collection "the chamber of horrors." The next morning a dignified gentleman approached the exhibit chairman, stating that he had seen by the paper that the hospital association was exhibiting a "chamber of horrors," and asked if he might be shown where it was. He was promptly introduced to Miss Sutherland's collection.

Two special exhibits which are worthy of a more extended description than this article allows for were the exhibit of occupations prescribed for patients at Adams Nervine Hospital shown by Miss Susan Tracy, and the social-service exhibit arranged under the leadership of Miss Cannon, of the social-service department of Massachusetts General Hospital, and Miss Wadely, of Bellevue.

Thirty-two different hospitals had contributed to this social-service exhibit, and a splendid impetus was given to the whole social-service movement. A clearer view of what hospital social service is and a deeper appreciation of its value as a department of hospital work must result from the efforts of the workers who arranged this exhibit. One of the best features about it was the social service worker who took the time from her holidays, without charge, to stay by the exhibit, answer questions, explain and explain indefinitely throughout the entire convention—Miss Hartman, of the Bellevue social-service staff. She radiated her own enthusiasm for the cause, and placed hospital social-service workers and the hospital association under a lasting obligation to her.

Miss Tracy's occupation exhibit is truly a wonderful and wonderfully interesting collection, and deserving of all the favorable comment it received. It was quite a surprise to note how interested the men were in this exhibit, which at first glance appeared to be decidedly "of womanly interest." At least one hospital trustee went home with a confusion of new ideas regarding occupations which ought to be and might be introduced into a certain children's hospital in which he is deeply interested.

The model of a children's garden contributed by Mr. Parsons, of the Children's Garden Association, was a most attractive feature. The children's garden idea has not yet taken hold of hospitals in general. Bellevue Hospital has shown how such work may be used by hospitals, both as a preventive and remedial measure.

The whole exhibit was splendidly educational, inspirational and practical. The exhibit committee hereby returns its thanks to all who contributed to its success. By way of explanation it should be stated that this description has been written from memory by the general chairman of the exhibit, and apologies are offered for anything that may have been overlooked or forgotten.

# The Nurse's Duty Regarding the Teeth

ANNIE MAY SELLORS, D.D.S.

**D**URING an illness the care of the patient's teeth belongs to the duties of the nurse, and she should fully understand the importance of those duties. Nurses have always been taught to give some care to the teeth, but very little instruction has heretofore been given them concerning the importance of not permitting a pyorrhea alveoloris to develop or to make progress during illness. A pyorrhea alveoloris already established and perhaps held in check by the vigilance of the patient while in health will increase rapidly during illness. The low vitality of the body and the lack of the usual preventive measures during illness have caused irreparable damage in many a mouth.

Pyorrhea alveoloris is a term used to designate a pathological condition of the gums, which does not differ in its manifestations from the symptoms of inflammation in any other part of the body. First we have the irritant, then the symptoms of inflammation follow. The irritant may be food debris, or it may be a deposit of salivary calculus, or serumnal calculus, which are intrinsically the same. If the irritant is food debris, keeping the teeth clean will prevent it entirely. If due to the accumulation of calculi on the teeth, all the nurse can do is to guard against its progress.

In taking charge of a patient the nurse should examine the mouth and note the appearance of the gums. One of the first signs of pyorrhea alveoloris is redness of the interdental papilla. These inflamed surfaces become infected by pus germs and after a time a flow of pus will commence around the necks of the infected teeth. As the disease progresses, the gums recede and the teeth loosen. The cause of this condition is still an unsettled question among

dentists, but whatever the cause may be, whether it be constitutional or whether it be local, all dentists agree that local treatment does much to keep it in check.

Pyorrhea alveoloris as a disease has been much overlooked by both dentists and physicians. They would have been horrified if a patient had swallowed pus from any other part of the body, but they have looked on complacently while their patients swallowed pus from around the necks of the teeth. That day has passed, and now intelligent physicians are taking note of mouth conditions. It is claimed that the bacteria in the pus swallowed pass through the stomach unharmed. If this is true many bodily ills may be due to infection from the mouth. There is no telling how many cases of appendicitis owe their origin to this cause. Many minor ills may result from neglect of the mouth. From the foregoing the nurse will readily understand how much she may be responsible for long after she has retired from the case and received her fee if she has permitted pyorrhea alveoloris to be established or make progress during the time she has charge of the patient.

**THE TREATMENT.**—After the nurse has examined the patient and discovered a diseased condition of the gums, it would be well to call the attention of the physician to it, ask his advice, and learn if he has any preference as to the mouth wash or tooth powder to be used. After the usual brushing, if the patient is not too ill to use the brush, take a match stick which has been boiled and wind cotton over the burnt end, which will be rough and hold it nicely. Dip this in some antiseptic solution, and massage the gums on all surfaces of the teeth. During sickness when the patient is on liquid diet the teeth do not get their usual exer-

cise, and this massage will promote the circulation of the blood. If this is done three times a day the patient cannot help but receive much benefit therefrom.

If much pus is exuding around the teeth clean the surfaces with peroxide of hydrogen, then take a toothpick with cotton wound around it, dip it in iodine and apply

lightly to the free margin of the gum. This may be repeated twice a week.

The care of the teeth is receiving much more attention than formerly, and perhaps there is no better way for a nurse to find favor with her patient than by faithful care of the teeth during a long illness, thus preserving their usefulness and appearance.

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## Bed Sores—The Care of; How to Prevent Them

CLARA GRIESBACH

**B**ED sores result from continued pressure upon prominent parts of the body, and may vary in degree from slight abrasions of the skin to deep wounds. They appear most frequently upon the lower part of the back, the hips, shoulders, elbows or heels, but may develop wherever the conditions are favorable. They are liable to occur in all cases of long confinement to the recumbent posture, especially where the vitality is much lowered, as in paralysis, fevers and old age. Very heavy and much emaciated patients are alike predisposed to them, and they are among the most trying complications of surgical cases, where motion is restricted. Bed sores are frequently occasioned by bad nursing, and the cases are rare in which a good nurse cannot avert their formation. They are more easily prevented than cured when once established.

### THE PREVENTION OF BED SORES

The preventive measures consist in keeping the parts thoroughly clean and the surface under them dry and smooth, in hardening the skin, and in relieving so far as possible the local pressure. This precautionary treatment should be commenced at the

beginning of any long sickness without waiting for manifest signs of danger. The parts most subjected to pressure must be frequently washed with soap and water and thoroughly dried. A draw sheet should be placed under the patient, which must be changed as often as it becomes damp from any cause, and the greatest pains must be taken to keep it free from wrinkles, crumbs and inequalities of any kind. The patient's clothes must not be permitted to form folds or creases under him. The skin may be hardened by bathing it several times daily with alcohol, brandy or eau-de-cologne, or a solution of bichloride of mercury in alcohol, two grains to the ounce. Salt in whisky, two drachms to the pint, and the dilute solution of subacetate of lead are also good. Follow this treatment by rubbing in well a small quantity of some simple ointment, to keep the skin supple. I have used the following for years and find it very beneficial: two ounces of oxide of zinc, one ounce of oxide of zinc powder, half ounce of olive oil, worked up into an ointment. Finally, dust the parts with some fine powder to absorb the moisture of the

skin. Oxide of zinc is perhaps the best. Fine starch or the ordinary violet powder used for infants will answer, or cornstarch if there is nothing else at hand. If the skin is intact but red and angry in appearance paint the spot thoroughly with nitrate of silver, twenty grains to the ounce.

When the danger is extreme or the skin is already abraded it may be protected by covering it with a thin layer of absorbent cotton with collodion poured over; it makes a comfortable and lasting covering. The greatest care must be taken to keep the part from being pressed upon. The pressure may be relieved by frequent changes of position; when such are practicable, by circular pads or air cushions.

The first symptom of a bed sore evident to the patient is usually a prickling sensation, or a feeling as if he were lying on something rough. Or there may be no subjective indication whatever. A patient may be delirious, paralyzed or too weak to complain, and a bed sore be far advanced before it is discovered, unless constant vigilance has been exerted in this direction. On this account daily and careful examination should be made of such parts as are especially subject to pressure, and the first discovery of reddening or roughening of the skin, or of pain on pressure, should be accepted as a warning of serious import. If these symptoms pass unnoticed or uncared for the discoloration will become deeper and the inflammation progress until sloughing ensues.

#### THE CARE OF BED SORES

After a bed sore is actually formed its treatment belongs properly in the province of the surgeon, but it is often delegated to the nurse. After the skin is broken it is customary to discontinue the use of spirit, as it causes pain, and to dress with oxide of

zinc ointment or iodoform. A mixture of tannic acid and oxide of zinc, a scruple of each, worked up in an ointment with an ounce of vaseline is sometimes recommended. Before applying either of these the wound should be well washed with a solution of bichloride of mercury, 1 to 5,000, either by means of a syringe or a swab. Poulticing should not be continued longer than is necessary to remove the gangrenous portion, as it tends to soften and break down the neighboring parts. After the separation of the slough, the resulting ulcerated surface is treated with some stimulating and disinfecting remedy, as balsam of Peru, tincture of catechu, or carbolic acid, 1 to 40, applied on lint only within the limits of the sore. An excellent application at this stage is that known as Wood's mixture, consisting of equal parts of powdered catechu, red cinchona and gum camphor, mixed into a paste with balsam of Peru. This makes an indelible stain. Iodoform, either in powder or in the form of an ointment, may be used. Cover the lint with a piece of oiled muslin or rubber tissue of a little larger size and confine the dressing in place by adhesive strips, not by bandage. It must be renewed at least once a day, and the surface of the sore washed with some disinfectant solution before it is reapplied. Remove all pressure by circular pads. The patient's strength must be supported, and the circulation improved as far as possible, as the immediate cause of bed sores is defective nutrition. Regular massage of the tissues about the injured parts will help to improve their tone. If neglected, the result may be fatal, as the constant discharge may prove too great a drain upon an already debilitated patient, or pyemia may supervene from the absorption of septic matter into the blood.

# Raising Money for Hospitals\*

W. A. BOWEN

Waterville, Me.

HOW to raise money for hospitals is a question which many people are asking. The following was the method employed last spring by the Webber Hospital, at Biddeford, Me., and the Mount Vernon Hospital, at Mount Vernon, N. Y. The method, which has been in use during the past five years by various organizations, was believed by the directors of these two hospitals to be the best one for them to use in securing the funds for their new buildings. At Biddeford about \$37,000 had been provided during the preceding two years, and it was desired that a portion of the remaining \$60,000 required for the building which was nearing completion should be quickly obtained. It was thought that \$20,000 might be raised by the undertaking proposed, but as the preparatory work went forward the courage of the leaders increased so that the mark was placed at \$30,000 as the objective for a campaign lasting nine days.

At Mount Vernon, N. Y., one bequest of \$15,000 had been received the year previous, and certain initial subscriptions had been obtained, bringing the total amount that could be announced for the start up to \$55,000. The objective, therefore, was placed at a total of \$100,000 and the leaders determined to undertake the securing of the full amount in a twelve-day campaign. A campaign organizer familiar with the conduct of similar campaigns was employed at a stated salary in each instance. Under the leadership of the campaign secretary five weeks were devoted to preparatory work at Biddeford and three weeks at Mount Vernon. The campaign in both instances immediately followed the preparatory work.

The names of 3,500 people were placed on 3 1/2 x 5 inch cards called assignment cards, in alphabetical order; at Biddeford, and

8,000 names of probable givers were carded in this way at Mount Vernon. A campaign committee in each case was formed and frequent meetings were held and important sub-committees appointed. These sub-committees also held frequent meetings. One committee was made responsible for the organization of workers in teams for the campaign proper. A committee was charged with the securing of speakers for an opening dinner, together with all the arrangements for this gathering. There were committees on publicity, on estimating the probable amount that different people would be in a position to give, a committee on headquarters, and at Biddeford a sub-committee on large initial gifts. At Biddeford there were two large canvassing committees formed, each having a chairman and each numbering eighty men. One committee was known as the citizens' committee, having eight companies of ten men each, each company having a captain. The second committee was called the Young Business Men's Committee, and this committee consisted of the younger men of the community and was divided into eight teams of ten men each, each team having a leader.

At Mount Vernon the organization was larger and included ten companies for the citizens' committee, ten teams for the young business men's committee and ten divisions for the women's committee. The committee of women had their own chairman and a captain for each division of ten. In both cases invitations were sent out widely for the opening dinner, the hour being about 7.00 p.m. in each case. At Biddeford the opening dinner was for men only, that at Mount Vernon for men and women. A four-page prospectus was prepared in both places and these were mailed, together with a letter, so

\* This article has been written by request and with a view to helping hospitals which are needing money for new buildings or extensions at the present time.

that the people received them directly after the opening dinner. A great deal of publicity was given both movements in the daily papers as soon as the campaigns actually opened. The opening dinners, of course, addressed by prominent speakers, gave an impetus to the movements. At these dinners the initial subscriptions were announced, but no subscriptions were called for.

Office accommodations had been secured for the preliminary work and adequate quarters secured for the daily meetings during

person making the selections from the cards on the different tables. Records, of course, were kept, so that the campaign secretary knew where every assignment card had been placed.

At the first daily lunch full explanations were made to all workers, printed directions distributed to each, assignment cards given out and also pledge cards to be used in securing subscriptions. On the second day the presiding officer would ask the chairman of each large committee to call for the reports



WEBBER HOSPITAL, BIDDEFORD, MAINE\*

the short-term campaigns. During each campaign a large dining room was required for the daily noon lunch, with office rooms adjoining for the campaign secretary, the office force, and ample space for the workers to congregate. Immediately following the opening dinner the campaign organization began its daily meetings. At Biddeford a dining table was given in the large hall to each company and to each team, besides the table reserved for the officers.

At Mount Vernon, as the workers were largely New York City business men, it was necessary to have the daily dinner at 6.15 P.M. each day for twelve days. There were twenty-one tables, giving a table for each company and team, besides the officers' table. The women's committee began their daily meetings after the committees of men had been working for six days. They met in even larger force than the men at a daily lunch at 1.15 P.M. At these daily meetings, directly after lunch was over, the assignment cards were divided among the workers, each

from the various companies, teams or divisions. The captain of Company A would, therefore, arise and say that Company A reports today fifteen pledges amounting to \$1,200, or whatever the case may be. The captains and leaders of the other companies, teams or divisions would then be called for and the grand total for each day was soon known.

As the campaigns in both cities progressed a certain rivalry began to spring up among the different groups and enthusiasm was engendered each day as the reports were given in. The newspapers devoted half pages and full pages to reports, statements and cartoons, announcements were made in the various churches on the Sunday just preceding the opening of the campaigns, editorials appeared in the papers, and it would have been difficult to find, thirty-six hours after these campaigns opened, any person in these cities who was not fully aware of the great civic movement that had been undertaken.

\* Cost of lot, building and furnishings, \$100,000.

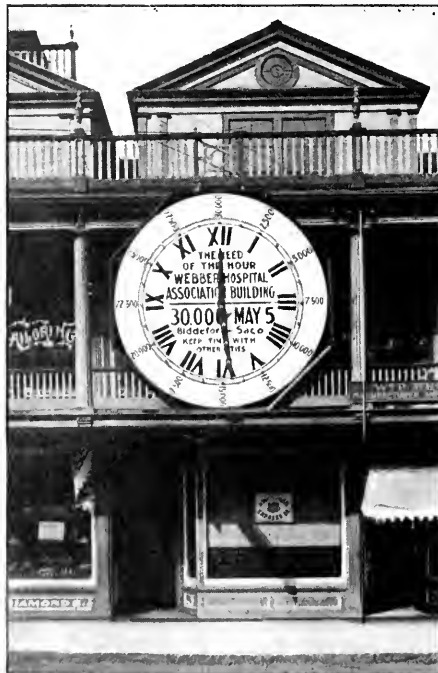
Large dials representing the face of a clock were erected in different parts of the cities. These were illuminated by electric lights and a hand of the clock indicated to the public the daily progress of the campaigns. These clock faces measured twelve feet in diameter and helped greatly to interest the public in the movement.

The closing meetings of these two campaigns were marked with intense enthusiasm and with a larger attendance of workers than on any other days. The subscriptions on the last day in each case amounted to more than on any preceding day, at Biddeford being nearly \$7,000 and at Mount Vernon over \$9,000. In both cases the amount aimed for was oversubscribed, the total at Biddeford being \$33,700 and at Mount Vernon \$106,000. The closing meetings were marked with great enthusiasm, as can well be imagined.

These campaigns are adapted to communities of any size, and for other institu-

tions have been conducted in places of 5,000 to 10,000. Campaign leaders are not in large supply, but a few are available, and information can be obtained by addressing the editors of THE TRAINED NURSE AND HOSPITAL REVIEW. This way of raising money for hospitals involves, of course, some expense to carry forward all the features outlined. Any financial method that brings results would involve some expense. This plan has the merit of dispatch, accompanied with enthusiasm and thoroughness.

The by-products of these two campaigns were of important value. The communities were awakened to the possibilities of doing large things which before they had not believed possible. The campaigns developed a moral and civic spirit. One of the active workers has written: "I have never known Mount Vernon to be so proud of itself since this money was raised." Ask the workers in these campaigns if the effort was worth while.



ONE OF THE LARGE CLOCKS THAT REGISTERED THE PROGRESS OF THE CAMPAIGN



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# Editorially Speaking

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## The Clearing of the Mists

No one step that has been reached in the progress of nursing education promises more in promoting thoroughness than the decision which has been reached by many of the leading hospital people, that it is foolish and futile to attempt to cram into a nursing course, be it two and a quarter, two and a half or three years in length, all that a nurse needs to know to be equipped for any line of nursing which she may choose to follow. This change in thought has been reached gradually. It is only a few years ago that a most determined effort was put forth by a most aggressive group of women to force all hospitals to conform to their ideals of training or bear the stigma of "second-grade schools," and the strongest reason put forth was that "nurses were being called to be tenement-house and bake-shop inspectors, to school nursing and to be general instructors of the people," and that therefore these extreme requirements must be met in preliminary education and in the curriculum covered in order to prepare nurses for these special lines of work which were opening to them.

A few were far seeing enough to discern that the attempt of any hospital school to cover all these varied lines of work must inevitably lead to a smattering of a variety of instruction being poured into pupil nurses which the majority would never make use of, and the result would be a superficial training all the way through. These few entered a vigorous protest against this tendency to superficiality, and stated their convictions that the course of instruction given by hospitals in general should be devoted to preparation for bedside nursing,

and the specialties be pursued as post-graduate work.

This change of thought and attitude has done much to improve methods of training, both in undergraduate and post-graduate work. It has not yet permeated the nursing body as a whole and it is not surprising to hear from those interested in nursing advance, but outside the hospital and nursing world, the same style of arguments used as a plea for a higher standard of preliminary education of all nurses.

No one appreciates more fully than the editors of *THE TRAINED NURSE* that the calling of the visiting nurse demands a high order of women for its successful operation. In her contact with charity agents, policemen, health officers, representatives of secret societies and in her dealing with family problems as they arise among people of all nations, the visiting nurse needs keenness of perception, sound judgment, resourcefulness and a working knowledge on a great variety of lines related to social welfare. She is often called to be cook, sanitary officer, lawyer, financier, truant officer and nurse all at the same time in one home. *It is a specialty for which the average hospital school course is only the foundation.* We fully agree with Dr. Winslow in his paper presented at the nurses' convention, that "It is absurd to attempt to train the nurses we need for a public-health campaign by a course which involves two or three hours a week of theory and fifty to sixty hours in the wards." It is absurd, and no one should try to do it. But when he says: "This enlarging field of nursing activities makes a new and direct call on the hospital training schools to uphold high standards of en-

trance requirements and to furnish a type of professional training which will fit the student not only for private and hospital service, but for the social and educational field as well"—with this we strongly disagree, and we venture to state respectfully that no one is justified in making this demand of hospital schools in general. The fulfillment of their demand is an impossibility. The hospital school has always attracted to itself a fair proportion of women who were well educated to start with when they took up nursing. It will continue to attract such women, but never in sufficient numbers to meet the ever-growing needs of the nursing world. There must always be a place for the girl who has not had high-school and college advantages, and a quarter of century of experience has amply demonstrated the usefulness of this type of woman at the bedside in hospital and home.

Why endow a department of nursing and health in Teachers College if the hospital schools are expected "to fit the student not only for private and hospital service, but for the social and educational field as well."

There are hundreds of well-educated young women who are well fitted so far as natural endowments and preliminary education are concerned to become visiting nurses, if the remuneration offered by many visiting nurse societies were more attractive. When we find associations offering forty to fifty dollars a month as remuneration it is not surprising that we do not find nurses stampeding to secure the positions.

Of the many thousand women who graduated this year from American hospital schools it is questionable if one in ten will go into the public-health campaign. Then why should hospital schools be expected to fix high standards of entrance requirements for all in order that this one nurse out of ten may be fitted to undertake public health work; why require of all nurses what Dr. Winslow demands for the public-health nurse?—"A sound grasp of the biological

principles which underlie her work so that she may have as good a grounding as the medical man in the fundamentals of physiology, bacteriology and hygiene."

With much of Dr. Winslow's paper we are in hearty accord, but we venture to predict that even if a million reprints of the paper be printed and distributed to training-school principals, nurses, hospital trustees and all other sorts of people, it will not affect materially the policy of the American hospital world in its refusal to bar out of hospital schools those who have the natural adaptability and fitness to care for the sick but who cannot show a high-school certificate. It will not lead hospital people in general to try to put into the general nursing course the special instruction needed for the highest grade of public-health work or social service. If thorough work is to be done the public-health course must be a special, separate course.

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### The Hours of Duty for Private Nurses

The subject contained in the heading constitutes one of the perennial problems of private nursing, not only in America but in every country where there are any considerable number of private nurses at work. A letter on this subject from a private nurse appeared in our issue of October, and it is interesting to note that on the other side of the world there are some nurses at least who feel that some compensation should be stipulated for when a nurse is obliged to be on duty an excessive number of hours in private work.

In the *Australasian Nurses' Journal* for July several pages are devoted to a discussion of this subject by the Australasian Trained Nurses' Association, with headquarters at Sydney, N. S. W. In that association nurses and doctors are represented and apparently work together much more harmoniously than in this country.

The proposition (which was signed by ten nurses) was as follows: "That medical and

surgical nurses, in private practice, when on night duty have nine hours out of the sick-room during the day for sleep and fresh air; and in instances where the nurse takes night and day duty, four hours be allowed out of the sickroom for rest and fresh air during the twenty-four hours, in addition to what rest she can procure during the night between the wants of her patient; and in the event of any infringement of these hours, the sum of one shilling per hour overtime be charged in addition to the present recognized fees."

It appeared that not one of the ten nurses who sent the proposal to the meeting was present to speak in its favor, and all who were present were vigorously opposed to the idea. One of the medical men present stated that to definitely fix the number of hours a private nurse should be on duty was impossible. In acute cases where the patient's life hung in the balance for a few days the nurse surely could not insist on being off duty for nine hours at a stretch. He considered the alternative suggestion—payment for overtime—a pernicious suggestion. If the patient were not well off he would fret at the idea that he was having overtime and would suspect the nurse of trying to stay longer on duty for the sake of the extra pay, while the nurse might suspect the patient of trying to hurry her away so as to save the extra shilling.

Another speaker thought private nurses deserved much sympathy, but she did not think the remedy for their troubles lay in a shilling an hour overtime. She thought the remedy lay in influencing public opinion and making patients and their friends realize the unfairness of the way many nurses were treated in private work. If nurses made such restrictions, or if two nurses were demanded, unless in very serious or difficult cases, the result would be that patients would more and more seek treatment in hospitals rather than stand the expense at home.

The general opinion seemed to be that the doctor could in most cases relieve the situation for the nurse if appealed to and that it was far better in the long run to depend on the adjustment the doctor might make than to add the extra tax which might tend to make nurses unpopular.



### Nursing Practice and Hygiene

It is one thing to study the theory of hygiene till one can pass a brilliant examination on it. It is another and a very different thing to apply the principles of hygiene in daily practice in the wards, in the homes, and of equally great importance in the nurse's own bedroom and living rooms. It is at the practical point the modern nurse is most apt to fail, strange to say, throughout her entire active career. The illustrious founder of nursing placed the emphasis on the necessity of constant practice in the proper use of fresh air, cleanliness, warmth, quiet, etc., as the most important of all arts in nursing disease as well as in nursing health. We hear a great deal of nurses as educators of the people, and the theory is a good one, but we also hear much of the habits of nurses, pupils and graduates—habits which are in direct opposition to the teaching which nurses have received in the classroom. For instance, not long since a superintendent was obliged to go to the dormitory in which four night nurses were sleeping. The three windows in the room were tightly closed, the explanation being that "it was cold"; yet every one of those nurses could discourse glibly on the energizing and generally beneficial effects of cold fresh air.

Again, a superintendent who had adopted a plan of allowing her night nurses to make out their own bill of fare for night lunches, providing they did not ask for unreasonably expensive things, was surprised to see how little attention was paid to the hygienic teaching regarding foods which they had received. Within the first week after such per-

mission was given a request was brought to her by the housekeeper showing that the nurses had asked to be supplied with sausage and mince pie at the same meal.

Another superintendent found that one of the senior nurses who had been ill for several days in bed, with a low fever, and under order that she be restricted to liquid or semi-fluid food, had surreptitiously consumed a two-pound box of chocolate candy which a friend had brought her. Numerous similar examples could be given from every school.

The question arises as to whether hygiene is taught in a practical way. In some schools it is; in others it undoubtedly is not.

It is, of course, not an easy matter to change habits which have been in process of formation for twenty years and more. There is the same reluctance on the part of nurses to depart from established habits as there is on the part of the general public, but the subject of applied hygiene is one that needs increasing emphasis each year a nurse is in training.

It is said of the nurses of the Queen's Jubilee Institute, London, that it is easy to guess that the nurse is in a neighborhood by the number of open windows that follow her visits. Such a condition speaks volumes for the intelligence of the nurses and the training they have received in practical, everyday hygiene.



### Raising Money for Hospitals

It is with real pleasure that we present to our readers the article by Mr. Bowen in this issue on the subject indicated in the title. We commend this article to the serious consideration of the scores of hospitals which are overcrowded, clamoring for more room, as well as to those hospitals which for years have needed a nurses' home and knew not how to get the money to build. We suggest that instead of waiting for some rich man to die and leave the money to the hospital in his will, some hospitals get busy now

and raise the money for new buildings. When the bequests come they can be used for endowment or further improvement.

Ability to raise money in large amounts quickly is only acquired by experience, and such a campaign might easily fail because of inexperience or incompetent leadership. It pays to secure a campaign leader who knows how. Our only interest in this matter is a sincere desire to help hospitals that at this time are handicapped because the money is not in sight for extensions badly needed. We hope this article will bear fruit in a lot of new and badly needed homes for nurses and in a lot of new hospital buildings.



### One of the Newer Specialties for Nurses

Would you like to meet a nurse who is making nine dollars a day? We know you are interested already. Is there such a nurse you ask. There is. She lives in New York and does hourly nursing for several celebrated skin specialists. She does on an average six dressings a day at \$1.50 for each dressing. Figure it up, gentle reader, for yourself and see if our arithmetic is correct. Nine dollars a day is what she makes, and she isn't an R.N., either. We wish we could say to all of you, "Go thou and do likewise"—earn nine dollars a day—but such work is only for a few and for those who are willing to give the time to fit themselves to become the kind of nurses the skin specialists are demanding. If you are honestly desirous of becoming specialists in this line of work we can give you some information about it, if you will enclose a stamped envelope. Please do not interpret this to mean that we are ready to open correspondence with all nurses who would like to be earning nine dollars a day. We couldn't keep up with the rush if we tried. But if you are *now free to take the special training required* and honestly purpose to become skin-specialist nurses, we can possibly help you to get the training you want.

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# The Hospital Review

CONDUCTED BY CHARLOTTE A. AIKENS

Items of interest, annual reports, publicity literature, and material descriptive of newer methods and plans, in any department of hospital work, should be sent to the editor of this department, at 722 Sheridan Ave., Detroit.

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## The American Hospital Convention

The thirteenth annual convention recently held in New York, closing as it did four years of active, intimate work at the very center of the affairs of the association on the part of the president, Dr. W. L. Babcock (three years as secretary and one as president), proved to be a notable gathering in many respects. The program covered a wide range of subjects of general interest to hospital people and revealed a keen insight into hospital needs, and a grip of the hospital situation on the part of those responsible for the program, which could only come to those who had closely studied the whole field with an open mind and a strong desire to be of service to even the smallest and most remote institution for the care of the sick.

The president's address was a masterly survey of the whole field. For the first time in many years the association missed the genial presence of its efficient treasurer, Mr. Asa Bacon, who, with the president, has rendered service of a character the value of which can never be measured. The rapid growth of this great representative body, while it bears its own tribute to the activity of its officers, also has greatly increased the demands on them at conventions. The secretary reported an increase of over two hundred members, bringing the lists up to over 1,000 strong. There is every prospect that the present rate of increase will continue for some years to come.

All the sessions were unusually well attended, the largest meetings being the morning meetings on Wednesday, Thursday and Friday, and the Round-Table Conference for superintendents of small hospitals on Thursday evening. One of the papers which provided much material for thought and suggestion for changes in methods was that by Dr. D. L. Richardson, superintendent of City Hospital, Providence, R. I., in which he cited the methods in use in that and other hospitals in the management of communicable diseases. The emphasis was laid on how to prevent infection by contact as opposed to the prevailing theory of air-borne infection in diphtheria, scarlet fever, etc. While all present were

not prepared to agree with all the suggestions which the speaker very modestly put forth, the common sense of the methods he advocated for the guidance of nurses, internes, orderlies, etc., was plain, and scores of superintendents went home with a clearer vision of their own responsibility in this matter and a determination to go deeper into the details of this subject.

The morning session on Thursday was largely devoted to the presentation of methods of hospital social service by Miss Wadely, of Bellevue Hospital, and its discussion by representative workers who had had experience with its benefits. Emphasis was placed on the need for more trained nurses to engage in this work. At present the demand for competent workers far exceeds the supply. A representative of the New York School of Philanthropy repeated the offer mentioned on page 228 of the October number of this magazine, of free tuition for four months, October to January, to any nurse who wishes to fit herself for this field of service.

Miss Ellicott's paper on "The Future of the Trained Nurse" brought vividly before the members of the convention the financial problems of the nurse and the need of some adjustment in methods. The Round-Table Conference, while primarily intended for superintendents of the smaller hospitals, attracted a considerable number of representatives of larger institutions who were interested in the practical problems to be discussed. Miss Keith made an admirable presiding officer at this conference, and to many it proved to be the most interesting and valuable meeting of the convention. "There is no question we get closer to the practical problems of the hospital in such a conference than in the more formal sessions," was the remark made by the superintendent of a large hospital. This conference is preeminently a woman's creation. It came into existence in response to an insistent demand from the women superintendents of small hospitals for more light on their situation and its difficulties. Men are welcomed to the meeting and discussion, but as the great majority of superintendents of smaller hospitals are wo-

men it will continue to attract larger numbers of women than men. "I came to this convention more for this conference than for any other thing," was a remark heard in the corridor, which serves to show that this conference does meet a practical need in the association.

The morning session on Friday was devoted to the dietary problems of hospitals. Miss McCulloch's paper was greatly appreciated and for an hour following it the free discussion of dietary problems showed that here at least was one subject of vital interest to every hospital. Miss McCulloch faced a volley of practical questions, which she handled in a masterly manner that showed how close she had lived to the questions that were brought before the meeting.

The question-box hour was a lively one, as it always is, and all too short for full discussion of the variety of questions propounded.

The non-commercial exhibit of appliances designed by hospital workers to meet their own needs added greatly to the attractiveness of the convention. Elsewhere in this number a report of the exhibit will be found.

The New York Skin and Cancer Hospital entertained about fifty of the visiting members at luncheon. Dr. Robert Wilson, of the Health Department Hospital, invited the convention members on two successive days to a trip to the Ellis Island Hospital and the Quarantine Station. Luncheon was served on board the boat and the guests returned to carry away the memory of a delightful trip and with deep appreciation of the hospitality extended by the genial host.

The spirit of the whole convention was fine, broadly educational, inspirational and practically helpful. Hobbyists and faddists were conspicuous by their absence. Impractical theories were not forced to the front. It was a great meeting of a great and growing association, a prophecy of greater things which the future holds in the way of development.

The 1912 convention will be held in Detroit. President, Dr. Henry M. Hurd, Baltimore; vice-presidents, A. J. Ranney, Lakeside Hospital, Cleveland, and Miss Nancy P. Ellicott, Rockefeller Institute Hospital, New York; secretary, Dr. J. N. E. Brown, Toronto; treasurer, Asa Bacon, Presbyterian Hospital, Chicago.



### Fireproof Hospitals for the Insane

By a new law in South Dakota every building for inmates at hospitals for the insane must be made fireproof. A fireproof building is defined as one in which walls, floors, partitions or ceilings do not contain or are not covered with

wood or other combustible material. Wood is allowed only in the construction of doors, door-frames, window sash, window frames, wood-furring strips for metal lath and ordinary wood fixtures or furniture.



### Albany Hospital

Albany Hospital is erecting a tuberculosis department building to cost \$30,000 on the site on which its tuberculosis camp has been situated. The main building will be 54 feet by 96 feet, two stories and basement in height. The material will be terra-cotta block with a cement rough-cast surface, fireproof. The basement will be fitted up for a kitchen, servants' and nurses' dining room, boiler room, locker room and storage. An elevator will run from the basement to the second floor. The first floor will have a reception hall, which will lead into a dining room with folding doors which can be easily swung so as to permit the hall and dining room to be turned into an auditorium of considerable size. On this floor will be six patients' rooms with lavatories, an examination room, duty room and serving room. The second floor will be laid out into eight patients' rooms, two large wards, lavatories, duty and serving rooms, baths and storage. On each floor the patients' rooms will open upon a wide veranda to which may be rolled from the various rooms the beds of the patients.



### Pure Foods for Hospitals

In the *American Journal of Surgery* Dr. Ira S. Wile discusses the importance to hospitals and institutions of the pure-food campaign which has been waged under the leadership of Dr. Wiley, of the United States Department of Agriculture.

"Institutions," says Dr. Wile, "not omitting the hospitals, likewise share the fate of the unknowing purchaser. The lowest bidder is the worst enemy of the hospital or institution for the care of the sick, the poor or the criminal. The largest quantity for the least money has been regarded as economy. Quality is as important as quantity. The poorest milk that is to be found in the city of New York is to be found at the milk supply of hospitals and asylums—at the very places from which there daily go forth men loudly advocating clean milk supplies for municipalities. The poor food that is supplied to nurses in many hospitals is frequently the subject of investigation, not to mention the lamentations of the internes that are heard from time to time. When the poor patient complains he is regarded as a crank,

an ingrate or general kicker, and no investigation is made.

"In the 6,000 hospitals of this country the daily cost per day per patient for raw foodstuffs was approximately 27 cents during 1910.

"With an annual expenditure of \$16,000,000 for raw foodstuffs, the hospitals should be duly interested in the problem of securing a thoroughly healthful supply of foods for the patients in the private pavilions and the public wards. What proportion of the canned goods, costing \$420,000 per annum, contains the admixture of materials other than those ordered by the purchasing agent? What is the nature of the preservative employed in their production? Are they in any way harmful to the sick? How long have the \$240,000 worth of eggs been in cold storage and what is the number of rots and spots lost to the institution each year?

". . . The food problem is of infinite importance to the hospital and to the private practitioner. The effect of impure foods upon convalescence of surgical cases will bear investigation. The wastage of institutional funds in the purchase of foods that are not true foods, but merely condiments or stimulants, and the extravagance that results from the imposition of supplies that fail to come up to the government standards deserve investigation."



#### Work for Insane Hospital Patients

Dr. L. C. Mead, superintendent of the South Dakota State Hospital, at Yankton, has accomplished unusual results in the construction of buildings by patients. He has erected a factory where blocks are manufactured during the winter to be used in summer construction. This serves as interesting occupation for the patients, and reduces the cost of construction.



#### Surgical Department, Mass. General

The surgical department of the Massachusetts General Hospital has been reorganized. Dr. Maurice H. Richardson has been appointed to a newly made position, that of surgeon-in-chief, with supervision over all the surgery at the hospital. There are hereafter to be but two surgical services, the east and the west, instead of three. Assisting Dr. Richardson will be Drs. F. B. Harrington and Samuel J. Mixter, each a chief-of-service, with four assisting surgeons under him.

House officers have also been reassigned to one service or the other and Dr. George Morse has been given the title of house surgeon, with immediate supervision of work of house officers.

Dr. Hugh Cabot is to be placed in charge of the genito-urinary cases, and there will be specialization at the hospital with the view of getting the highest efficiency. Precautions will be taken, however, to avoid over-specialization.

Surgical divisions of the out-patient department's clinic will be under supervision of the chiefs of service and a systematic observation of all the patients is hoped for through this.



#### Notes and News

The governors of the New York Skin and Cancer Hospital announce that Dr. L. Duncan Bulkley will give a thirteenth series of clinical lectures on diseases of the skin in the out-patient hall of the hospital on Wednesday afternoons from November 1 to December 20, 1911, at 4.15 o'clock. The course will be free to the medical profession.

Two houses at the rear of the Harrisburg (Pa.) Hospital are to be thrown together and converted into a roomy, comfortable nurses' home. The entire building will be overhauled, a new heating system installed and the interior redecorated. These improvements will release the rooms in the hospital which have been occupied by twenty-two nurses and greatly increase the accommodation.

The Elliot Memorial building of the University Hospital, Minneapolis, was thrown open to public inspection September 5. It cost in the neighborhood of \$160,000.

Miss Grace V. Miksch has assumed charge of the Women's and Children's Hospital, at San Jose, California. Miss Miksch has recently been connected with the Maurice Porter Memorial Children's Hospital, Chicago.

Dr. Harvey W. Cushing has been called to be the surgeon-in-chief of the new Peter Brigham Hospital, of Boston.

The new \$200,000 Blair Memorial Hospital was opened for patients the last week in August.

Dr. Winford Smith has entered on his duties as superintendent of the Johns Hopkins Hospital, Baltimore. Dr. Hurd retains his connection with the institution as secretary of the board of trustees.

Miss Magdalene Rau has been appointed superintendent of St. John's German Lutheran Hospital, soon to be opened in St. Paul.

St. Luke's Hospital, at Wellington, Kansas, has been opened. It provides accommodation for thirty patients.

Boston is to have an osteopathic hospital, according to plans now under way among practitioners and friends of osteopathy, who are trying to raise \$200,000 for the erection of such a structure through subscriptions to stock and contributions.

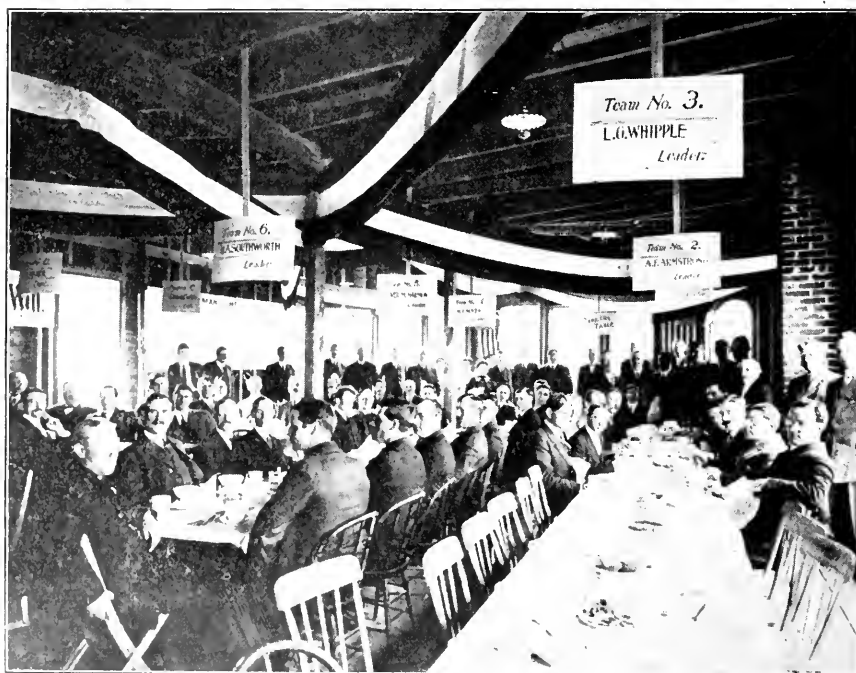
A meeting of the Massachusetts Osteopathic Society is to be held, when committees will be appointed to carry the project forward. It is said that a friend stands ready to contribute \$25,000 for every \$100,000 raised.

Holland, Mich., is a town of 10,000, originally settled by the Dutch, and is still controlled by these most worthy immigrants. The question came up a year ago concerning the building of a library, and it was decided to use the money for the purpose of building a first-class hospital instead. Holland is unique in another feature. It has a municipally owned and operated electric plant. It is so well handled that it is a financial success and the pride of the citizens.

The Hotel Dieu, Fanny Allen Hospital, Winoski, Vt., was opened October 15, 1894, by the Religious Hospitalers of St. Joseph, a religious body of women, who devote their life to the care of the sick in hospitals. The growth of the hospital has necessarily been slow and retarded from deficiency of funds. The institution is not endowed in any way and depends solely upon the charity of its friends and the meager income from paying patients for maintenance, consequently the Religious are often obliged to refuse admittance to the poor who seek their care.

A psychopathic hospital for the treatment of mental disorders is to occupy a new building erected for the purpose one-third of a mile west of Sacred Heart Sanitarium, Milwaukee, Wis. The new institution is affiliated with the Sacred Heart Sanitarium and will be conducted by the Sisters of St. Joseph's convent. The hospital is to be known as St. Mary's Hill.

A press dispatch states that the tuberculosis ward of the Orange Memorial Hospital is to be discontinued owing to the expense of maintenance.



TYPICAL DAILY NOON DINNER OF A NINE-DAY CAMPAIGN, WATERTOWN, MAINE  
*See article Raising Money for Hospitals*



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# The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

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## The State Association

*To the Editor of The Trained Nurse:*

This year, for the first time since assuming the duties of a new position in a new State, I attended the meeting of the State Association of Nurses. I went hoping that I might get some helpful, practical ideas in regard to my work in charge of a training school. I enjoyed meeting many of the nurses, but so far as getting one practical, workable idea in regard to my nursing problems the convention visit was a failure. Evidently practical nursing has no place on such programs.

However, if I was not instructed I certainly was amused. There was one nurse present who had taken a course in Teachers' College and she was full of the theories she had learned there. One theory which she brought seriously before the convention was that the State Registration Board must control the admissions to nurse training schools. In short, I gathered from what she said that it was desired that every time a nurse from Wayburg or Plodville filled out an application blank asking for admission to the training school of a hospital, before the superintendent or the training-school committee can decide that Miss Blank seems a desirable candidate, the said application blank must be sent to the board of registration, or the inspector at the State Capitol, for an O.K.

To me it seemed the most absurd idea that had ever been proposed in regard to training schools. Being a stranger I did not oppose it. But I was more than surprised to see several other nurses who were hospital and training-school superintendents receive it apparently with approval. They knew as well as I did that they would not accept such a rule and abide by it. Why did they not show up some of the argument against it? Why did that body of nurses applaud an idea of which they did not approve, and which they knew could not be worked? Is the real care of the sick patients in the hospital not to be considered at all unless we can get enough highly educated nurses to satisfy the demands of these ultra-progressive and visionary people?

This is only a sample of the impossible things proposed and to which, without thinking whither

they would lead, the nurses present seemed to give their approval. If any one wants an answer as to why more nurses do not join the State Association they will find it in a convention such as I attended.

BLANCHE S. B.



## Working Up Practice

*To the Editor of The Trained Nurse:*

In the September number of THE TRAINED NURSE a letter was published inquiring "How to work up practice," and asking a reply from the readers of the journal.

While I have not had the experience of entering a new field to locate where before there has been no trained nurse, I came into the city where there were many more nurses than myself (the latter being a more discouraging situation than the former).

I sent out a few cards to the local physicians, and as the days went by and no calls came naturally I felt discouraged, but I kept up hope so far as to be determined to have a call. I found the names of all neighboring towns and the physicians living in them. These towns were along the street-car lines leading from the city, some of them being mining towns with prominent mine physicians.

The telephone helped me to some extent. I found many names. I sent out my professional cards not only one but two in each envelope, with a short letter saying that I would greatly appreciate a call, asking that they give my cards attention. Even after sending the cards, I called by telephone asking if they had received them. There is nothing like perseverance. To one physician in a town many miles away I sent a card and he wrote a very encouraging letter acknowledging receipt of my card.

Sometimes it is well to watch the local newspapers closely. You may see in the "personals" where Mrs. A. or Mr. B. or some child is seriously ill, find out the attending physician, call him either by telephone or in person and say to him that if he is in need of a nurse and has not yet been supplied that you need work and that you would greatly appreciate the case.

Not long ago a physician called my rooms by

telephone for a friend who is a trained nurse, as he knew he had once been able to find her by inquiring of me. I gave him the number of the telephone where I thought he might find her, but added that if he was unable to find her that I would be glad to answer the call. In about one hour the case was mine.

Do not wait every time for the doctor to call you—he has so many whom he can call and perhaps calls the one first in mind.

Do not shrink back and say, "He called every nurse in town before he called me," but go whether you are first or last; go, I say, for it is the way to work up practice if that is what you want to accomplish.

As to advertising in a newspaper, this would be in good form, but even then I should call up the physicians and ask them to please give this notice attention.

As to the number of physicians in the town to be able to offer a nurse steady employment, I should say at least twelve to fourteen could supply a nurse with an abundance of work.

I have in mind one town which might be mentioned to the writer in search of the place. It is a small town, the county seat, and in the State of West Virginia.

I shall be glad to write further information, giving names of the physicians practicing in the town if the writer in question will write to my permanent address, which the editor of *THE TRAINED NURSE* will kindly send to her.

From one who reads *THE TRAINED NURSE* with great interest,

FRANCES DENT GROSS, R.N.



#### A Comment

*To the Editor of The Trained Nurse:*

Not long ago in one of the popular monthly magazines I chanced upon a short article entitled, "Inhospitable Hospitals." It brought very forcibly to my mind an incident which occurred to a graduate of one of the numerous Cottage Hospitals in Massachusetts. Less than a year after her graduation she returned to the same institution to undergo appendectomy. She arrived one cold, snowy evening in February, having traveled quite a distance to reach there. Upon her arrival she was met by the senior nurse, who answers the door bell, and shown immediately to her room. A little later the surgeon visited her and a few details of the operation arranged for. Later on, the night nurse entered, made a few commonplace remarks and hurriedly departed. The long night dragged out its cold,

damp hours that seemed limitless to the lonely patient; for even a nurse is accountable to nature and her demands. This girl was no exception to the rule and felt nervous even when trying hardest to deny the fact.

When morning came and with it the hour for the operation, one of her classmates accompanied her to the ether room. Not even then did the matron or the superintendent of nurses send or bring her greetings of any description. During her convalescence, these two dignitaries appeared occasionally with the usual professional trite inquiries addressed to patients. She was discharged in less than two weeks' time but with no kindly expressions of good will or wishes for a speedy recovery.

Now, is this discourtesy, this rudeness and heartless manner toward patients in keeping with the mission of cottage hospitals? Would these same women treat guests of their own homes in such an inhospitable manner? Are they so busy that a little thoughtful kindness and the broad-minded courtesy which overlooks personal differences cannot be shown?

It seems to me that one of the first and most desirable attributes of a successful hospital should be a kindly reception of the new patient. This very businesslike attitude and assurance assumed by the dignitaries of cottage hospitals is to say the least far from comforting. It also reflects upon the individuality of the institution. And should it not be one of the first duties of an institution as well as of an individual to ameliorate as much as lies in its power the sufferings of those who are either mentally or physically ill?

GRADUATE REGISTERED NURSE.



#### Carelessness

*To the Editor of The Trained Nurse:*

We are taught as nurses that we should take the best of care of ourselves; by that I think is meant our bodies, in order that we may give the best service to others. Not long ago, while on a case with another nurse who complained bitterly of aching feet, I was surprised and pained when I happened to notice the condition of her shoes. I thought no wonder her feet ache—heels were down and soles worn through. Negligence and carelessness must have been the only excuse for such a condition, for she was a successful and popular nurse.

All nurses should be most particular to be well fitted with a shoe that is comfortable, and as often as necessary have the services of a chiropodist in order to bear comfortably the long hours of being on the feet.

A. R. N.

### Alcohol as Food and Medicine

*To the Editor of The Trained Nurse:*

Prescription of alcohol is, as we all know, rapidly decreasing among the leaders of the profession. Many doctors who now give alcohol do it not because they believe in it, but because the patients or their friends will not be satisfied without it, and if it were not ordered would change physicians.

As nurses we can spread popular knowledge by example and by precept. It goes without saying that we cannot criticize the prescriptions of doctors, but we can inveigh against the domestic toddy for colds and colic, we can insist that alcohol is a dangerous drug to be used if used at all only on the order of a competent physician. We can teach the mothers to protect their families from it, and they listen to us so readily. This sort of teaching is really as much a part of our legitimate work as any branch of sanitation, and it may well be made part of our social service. Of course, I do not mean pedantic teaching, but just the natural letting our light shine.

My attention has recently been called to one line that is especially in our sphere, the preparing of food without wine flavoring. A lady, a strong temperance woman and total abstainer both from principle and taste, has written asking that the attention of nurses be called to the matter. She recently had an attack of typhoid and during convalescence, though her nurses tried to consider her wishes and to avoid giving her things flavored with sherry, she yet had enough of them so that in spite of her antipathy at the start she soon acquired a distant liking for the flavor. The nurses told her that they were taught to cook in that way. In these days of abundant fruits, fresh and canned, it is not needful to employ wines or spirits, and even in households where such has been the custom we may by practical illustration prove its needlessness. A well-prepared non-alcoholic dainty will convince where words would fail. Knowing as we do the tremendous evils that are wrought by alcohol we may well, as the French say, "think furiously," as to what we can do about it.

It must not be forgotten that we have a great influence outside of our professional life as individuals and as individuals we are free to say and do what we please, and we can make great contribution to the advance of popular knowledge along the poison line.

The French nurses have organized to teach the evils of alcoholism. English nurses have a temperance society. I do not know of any such organization in this country, but a most excellent

opportunity for work is given us in the Woman's Christian Temperance Union, which has local branches everywhere almost and will receive us with open arms and give us an opportunity for the best work and the fellowship of brave, earnest, broad-minded women. Personally, I am most deeply indebted to the W. C. T. U. for inspiration and development.

We need an avocation, a hobby, that will take us out of the professional groove and rest us from pulses and temperatures and shop life in general, and they need us, oh, so much for talks in mothers' meetings and the like.

It would be a good thing, too, if we could form study classes among ourselves. It would be difficult for us to collect material from the many scattered sources, but Mrs. Martha M. Allen, superintendents of the Department of Medical Temperance of the World's and National W. C. T. U. (whose assistant I have the honor to be), has done the work for us, putting in readable form, for a trivial cost, the latest information in scientific work along these lines, which can be obtained from her for a few cents. Her present address is Marcellus, N. Y., but she is about to move, probably to Brooklyn. In the meantime I will receive and forward her mail or attend to the requests myself.

E. BERTHA BRADLEY, R. N.,  
376 Halsey St., Brooklyn, N. Y.

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### Private Duty Problem

*To the Editor of The Trained Nurse:*

In answer to the letter, "A Private Duty Problem," which appeared in the October magazine, I wish to express my approval of such a plan as "Betsey" has proposed.

Not long ago I had a private case in a Catholic hospital, a child who was delirious all the time I nursed him. I was called on the case Sunday at five P.M. and remained till Friday at ten P.M. of the same week. When I took the case the parents of the child stated that they wanted him to have every care and should I need assistance I should have it. For five nights and days that child fought or screamed, he did not get more than four hours' sleep all the time, for should he fall asleep he would waken in a few moments frightened and screaming dreadfully. I could not leave him at all, and had my meals carried to the room to me by the good Sisters.

After remaining awake five days and nights, with no recreation or fresh air, I kindly explained to the parents of the child that I was much in need of rest and if I was to do justice to their child I must have relief at once. They were sorry

but they could not relieve me. The father's business prevented him and the mother was too nervous to render me any help, besides she had a small baby at home that needed her care, and financially they could not afford another nurse for more than one night, and I must try and stand it. This I could and would not do, and so I was dismissed from the case. They told me that they were sorry that I was not strong enough to care for the child and wished that I would help them get another nurse, which I did. I had never been so unjustly treated in all my nursing experience, and I had the sympathy of the Sisters.

E. C. P.



### A Local Hospital Need

*To the Editor of The Trained Nurse:*

I received my TRAINED NURSE AND HOSPITAL REVIEW today, and have read the article on a local hospital need. I think if the writer of the letter mentioned in the article will write to Dr. Maurice Richardson, Boston, Mass., or to Miss E. M. Booker, superintendent of nurses, of the Corey Hill Hospital, Brookline, Mass., he will receive information that will suit his fancy in a hospital. I think the Corey Hill Hospital is a model hospital on the lines requested by the writer. Hoping this information will be of some little help.

N. M. N., R.N.



### The Hospital Office

*To the Editor of The Trained Nurse:*

As you have so often invited us to use the Letter Box for questions, I am moved to appeal to my sisters in hospital work to know what is best to do under the circumstances with which I have to contend. I took charge of a hospital of about fifty beds six months ago. I have a supervising nurse, an operating-room nurse, a bookkeeper and a housekeeper. Our work is mostly surgical and the majority of patients are private patients. This means a constant stream of visitors every night. The bookkeeper leaves the office at six o'clock or thereabouts. While she is there she answers the telephone, admits visitors, etc. After she leaves I am tied to the office till ten o'clock or after every night. In the six months or more that I have been here I have been absent but two evenings. I am practically on duty from seven A.M. until ten or eleven P.M.

The supervising nurse seems to be too busy to relieve, and when there are classes at night she feels she must attend most of the classes.

It does not seem right for me to be tied in so closely or so constantly every evening, yet some

one must be in the office all the time till ten o'clock and after. Some one suggested that I needed a night clerk. In a hospital of our size I do not believe we are justified in adding to the expense by having a night clerk or even a night supervisor. Even if we had a night supervisor, the way the hospital is planned she could give very little supervision to the patients if she was responsible for the office work up till ten or eleven o'clock. I would much like to know how other superintendents of smaller hospitals manage this problem.

INQUIRER.



### Books to Read to Patients

*To the Editor of The Trained Nurse:*

I have often been puzzled to know just what to read to different patients. Does any one have a classified list of good books which may be read to different patients, such as nervous invalids, old people, convalescent children, boys and girls? If so, I wish you would send it to the editor and have it published. I am sure there are others who will receive it as thankfully as I will. E. J.

[Dr. Anne Perkins gave a fine list of books in March, 1911, number and Miss Bertha Merrill another in May number.—ED.]



### An Old English Remedy

*To the Editor of The Trained Nurse:*

In the October number of THE TRAINED NURSE I read where Miss Helm is in a quandary about obstinate colic with babies. The following remedy might help her out:

Take a piece of red-hot coal about the size of a walnut, free from ash, drop it into a half-cupful of water; when the coal has turned black take it out and sweeten with sugar. Give the baby two teaspoonfuls when cool enough and repeat in fifteen minutes, if not relieved from the first dose.

This is a very old English mothers' remedy. Give it a trial, Miss Helm; it will do no harm if it does no good.

THOS. W. TAYLOR.



### An Appeal for Advice

*To the Editor of The Trained Nurse:*

May a young superintendent make an appeal for advice through your columns. What is the best way to deal with a pupil nurse in her third year of training who openly violates the rules and goes out with an interne whenever she chooses; or with a nurse who makes a practice of frequently visiting a doctor in his office in the evening? The girl was just beginning her third year when I took charge of the school. I have quietly spoken to her, with no effect.

L. D. C.

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# In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE

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## Who Were the War Heroines?

A movement is on foot to erect a monument to the nurses who served in the Civil War. Speaking of the movement in an editorial under the above title the New York *Herald* says:

"There is something that appeals to the heart in the movement started by a retired army officer with a subscription of \$50,000 and fathered by the Loyal Legion to erect a great memorial at Washington, D. C., to the heroines of the Civil War.

"Who now can recall the names of many of the heroines of those dark and dreadful days? Where is to be found the roster of the brave and tender women who marched with the armies and nursed the sick and wounded,

"Whose lives were spent

In the dreary hospital tent'?

"Many of these women actually lost their lives through their exertions and because of exposure. Some of them, strangely enough, not only survived the rigors of the war, but are still living. Miss Clara Barton is among these still alive at a ripe old age, while few of those who are wont to smile in derision at Dr. Mary Walker in her male attire are aware that she was a surgeon and nurse through some of the hardest campaigns of the war. Perhaps only those who were in the field recall the gallant deeds and devotion to humanity of Major Reynolds, a remarkable woman nurse who was commissioned a major by the Governor of Illinois, or 'Mother' Bickerbyke, most daring and famous nurse with the army of the Tennessee, known to every man of that command."



## Mementoes of Miss Nightingale

The bequests made to the nation by Miss Florence Nightingale have now been added to the museum of the Royal United Service Institution in Whitehall, London. They include:

A marble bust of Miss Nightingale subscribed for and presented in 1862 by the non-commissioned officers and men of the British army.

A gold enameled brooch, bearing the monogram of Queen Victoria, with the inscription: "Blessed are the Merciful," and below on a scroll, "Crimea." On the back is engraved: "To Miss Florence Nightingale as a mark of esteem and

gratitude for her devotion towards the Queen's brave soldiers, from Victoria R., 1855."

A bracelet presented by the Sultan of Turkey to Miss Nightingale in 1856.

The insignia of the Order of Merit (Civil), bestowed by King Edward VII.

The German Order of the Cross of Merit, presented by the Emperor William I.

The Cross of the Order of St. John of Jerusalem (England), bestowed in 1904.

The Bronze Cross (in duplicate) of the Societe Francaise de Secours aux Blesses des Armees de Terre et de Mer, 1870-71, with Ribbons.

The Cross and Ribbon of the Order of the Red Cross, dated 1883.

The French Gold Medal of Secours aux Blesses Militaires, presented at the International Conference held at the Exhibition in Paris in 1867.

The Badge of Honour of the Norwegian Red Cross Society, presented on May 10, 1910.

A large metal brooch with the inscription: "Blessed are the Merciful," with a representation of Miss Nightingale in a military hospital, made by Waterhouse & Co., of Dublin (history unknown).



## Army Nurse Corps

Owing to the increasing demand for nurses in the military hospitals an appropriation for twenty-five additional nurses has been made.

The service of the Red Cross nurses assigned to Fort Sam Houston, under the supervision of a chief nurse of the Army Nurse Corps, proved so satisfactory that a request was made for nurses to be retained at the Base Hospital, even after the removal of the maneuver troops.

Nurses have also recently been assigned to the Army and Navy General Hospital, Hot Springs, Arkansas, and additional nurses are being provided for the Walter Reed General Hospital, Washington, D. C.

Owing to the improved conditions of the service we are receiving many applications for reappointment.

The following are the changes in the Army Nurse Corps during the months of August and September.

## APPOINTMENTS

Florence M. Bailly, graduate of Newark City Hospital, Newark, N. J.; Alice Gertrude Beck, graduate of the Pennsylvania Hospital, Philadelphia, Pa.; D. May Berry, Brockton Hospital, Brockton, Mass.; Agnes M. Burns, Cincinnati

Hospital, Cincinnati, Ohio; Rachel Foreman, Reading Hospital, Reading, Pa.; Annetta B. Hafer, St. Joseph's Hospital, Reading, Pa.; Emily S. Hess, Wesson Memorial Hospital, Springfield, Mass.; Margaret Hughes, Episcopal Hospital, Philadelphia, Pa.; Antoinette Jaycox, Bellevue Hospital, New York City; Jeanie Leeson, Nightingale Training School, St. Thomas Hospital, London, England; Margaret M. McCloskey, Long Island Hospital, Boston, Mass.; Jane Louise Murray, Union Hospital, Fall River, Mass.; L. Elizabeth Nelson, Bellevue Hospital, New York City; Marian B. Nuckels, Wesley Hospital, Chicago, Ill.; Charlotte G. Schultze, Bellevue Hospital, New York City; Paquita Soler, Medico-Chiurgical Hospital, Philadelphia, Pa.; Mar. L. Stakelum, Worcester City Hospital, Worcester, Mass.; Hulda Svenson, German Hospital, New York City, and Bertha Varian, Cincinnati Hospital, Cincinnati, Ohio, assigned to duty at the Walter Reed General Hospital, Takoma Park, D. C.

Edyth M. Gill, graduate of the Maria Beard Deaconess Hospital, Spokane, Wash.; Mrs. Amy Edith Miller, Wyoming General Hospital, Rock Springs, Wyo.; Martha A. Roberts, Minneapolis City Hospital, Minneapolis, Minn., and Marion F. Scherter, Kings County Hospital, Flatbush, Brooklyn, N. Y., assigned to duty at the Army General Hospital, San Francisco, Cal.

#### REAPPOINTMENTS

Ethel M. Baker, graduate of the Illinois Training School, Cook County Hospital, Chicago, and Frances M. Steele, graduate of the Maryland General Hospital, Baltimore, Md., assigned to duty at the Army General Hospital, Fort Bayard, N. M.

#### TRANSFERS

From the Walter Reed Hospital, Takoma Park, D. C., to Army General Hospital, San Francisco, Cal., D. May Berry, Agnes M. Burns, Emily S. Hess, Margaret Hughes, Antoinette Jaycox, L. Elizabeth Nelson and Elizabeth D. Reid. On August 5 Miss Reid was appointed as chief nurse at the Army General Hospital, San Francisco, Cal. From Fort Bayard, N. M., to San Francisco, Cal., Margarette S. Lundy. From San Francisco, Cal., to Hot Springs, Ark., Margaret M. McCloskey. From Hot Springs, Ark., to Fort Bayard, N. M., Beatrice L. Hirtle and Annie May Pellett. From San Francisco, Cal., to the Philippines Division, on August 5, 1911, Dora E. Thompson to be appointed chief nurse at the Division Hospital, Manila; Jeanette E. Allen, Victoria A. Armstrong, Leonora Bricker, Clara M. Ervin, Gertrude H. Lustig, Etta E. Staub and Clara B. White. From San Francisco, Cal., to the Philippines Division, on September 5, 1911, Clara E. Ellwanger, Elizabeth J. Kenny, Cora Miller and Matilda Romeo.

#### DISCHARGES

From San Francisco, Cal.: Louise C. Boldt, L. Leota Curry, Myra E. Hummel, Mary McEntee, Emma Rothfuss and Margaret L. Todd. From Fort Bayard: Maude B. Kee and Nora C. Gallagher. From Hot Springs, Ark.: Lyda M. Keener. From the Philippines Division: Dollie Ann Bowzer and Paula E. Nordhoff.

JANE A. DELANO,  
Superintendent, Army Nurse Corps.

### Changes in the Navy Nurse Corps

#### APPOINTMENTS

Blanche Brown, Good Samaritan Hospital Training School, Lexington, Ky. Lila Fair, Sydenham Hospital, New York, post-graduate Bellevue and Allied Hospitals, New York. Nell McCarthy, Lake View Hospital Training School, Canville, Ill. Charlotte M. Page, Hartford Hospital Training School, Hartford, Conn., assistant superintendent University Hospital, Charlottesville, Va. Minnie D. Stith, Columbia and Children's Hospital, Washington, D. C. Lura B. Stone, Hackensack Hospital Training School, Hackensack, N. J., assistant superintendent Rome Hospital, New York. Mary E. Walsh, Friends' Hospital Training School, Philadelphia, Pa., post-graduate Polyclinic Hospital, New York. Gertrude Snyder, Hudson City Hospital, Hudson, N. Y., post-graduate work Presbyterian Hospital, New York City.

#### TRANSFERS

Elsie N. Kohler, from U. S. Naval Hospital, Washington, D. C., to U. S. Naval Hospital, New York. Margaret Sietz, from U. S. Naval Hospital, Washington, D. C., to U. S. Naval Hospital, Norfolk, Va. Ethel R. Swan, from U. S. Naval Hospital, Washington, D. C., to U. S. Naval Hospital, Mare Island, Cal. Elsie T. Patterson, from U. S. Naval Hospital, Norfolk, Va., to U. S. Naval Hospital, Mare Island, Cal.

#### HONORABLE DISCHARGES

Elizabeth J. Wells, Garfield Memorial Hospital, Washington, D. C., honorably discharged after three years' service. Thomasina B. Small, Johns Hopkins Hospital, Baltimore, Md., honorably discharged after three years' service.

LENAH S. HIGBEE, M.L.A., R.N.,

Sup't, U. S. Navy Nurse Corps.



#### Massachusetts

A reception was tendered Miss Anna M. Sweeney, superintendent of the Franklin County Hospital, Greenfield, at the Weldon Hotel on September 7, at eight o'clock, it being the tenth anniversary of her connection with the institution.

The reception was arranged by the Nurses' Club, the greater portion of whom are graduates of the institution, and many of whom have received their training under Miss Sweeney's supervision.

The dining room was beautifully decorated with flowers and ferns, and there was special music, while a fine dinner was served to thirty-four.

After dinner Miss Katherine Martin introduced Dr. Benjamin P. Craft as toastmaster and there were responses from Mrs. H. J. Moore, "The Hospital as Our Superintendent Found It"; Miss Estella Goodell, "The Hospital as It Is Today"; Dr. Halbert Stetson, "1901-1911—A Review"; Miss Anna Koch, "Presentation of

Gift from Nurses"; Miss A. E. Bemis, "The Medical Profession"; Dr. H. N. Howe, "Pleasant Reminiscences"; Mrs. Geo. Guild, "Matrimony as the Chief End and Aim of All Nurses"; Dr. Geo. P. Twitchell, "Presentation of Gift from the Medical Staff."

Miss Sweeney has managed the affairs of the hospital with great skill during her connection with the institution.

The efficiency of the hospital's work has been multiplied many times during a decade of service, besides preparing for their work a large number of nurses in the training school.

Miss Sweeney graduated from the Mt. Sinai Hospital Training School, New York City, and was night superintendent of that institution for a time. Later she was superintendent of the training school connected with the Louisville (Ky.) City Hospital, and also served in the Floating Hospital in New York City.

The graduating exercises of the Class of 1911 of the Waltham Training School for Nurses were held at the training school on the evening of September 28, at 8 o'clock. The Rev. M. Webster opened the exercises with prayer, after which Dr. Worcester introduced the speaker of the evening, Dr. Fernald, of the School for Feeble Minded, in Waverley. Dr. Fernald gave an interesting talk on the relation of mental defectives to the public and the importance of their care to the public and to their families. A short concert followed and the diplomas were then given to the members of the graduating class by the superintendent, Miss Beatrice De Veber. A general reception followed and there were refreshments and dancing.

The members of the graduating class are: Florence M. Busted, Sara M. Caswell, Sarah E. Connolly, Edna C. Davies, Zelig A. Gallant, Ledore Gibson, Helen V. Geary, Elinor D. Gregg, Mary T. Humphrey, Grace H. Ivers, Delia G. Luce, Louise M. Thomas, Z. Maude Wallace, Frances A. Wilcox and Florence Wright.

Miss Busted will do district work in Hudson, Mass., and Miss Gregg will be nurse for the Boston Manufacturing Company's mill in Waltham.

The quarterly meeting of the Carney Hospital Nurses' Alumnae Association was held at the hospital Monday evening, October 2. The meeting was called to order by the president, Miss Theresa McGrath. Business was transacted, and the following officers elected: president, Miss Eleanor Gaffney, R.N.; vice-president, Miss Nellie M. Sullivan, R.N.; secretary, Miss May T.

Barry, R. N. After which refreshments were served and a pleasant evening enjoyed by all.

The meeting of the Nurses' Alumnae Association of St. Vincent's Hospital, Worcester, Mass., will be held at the hospital October 27. After the meeting a reception and linen shower is to be given to Miss Mary E. Doulan, class of 1909, Miss Doulan is to be married to Dr. James McDonald, of Worcester, Mass. The marriage will take place at the Sacred Heart Church, Worcester, October 30.



### New Hampshire

The District Nursing Association of Concord, New Hampshire, will hold its annual meeting on the evening of October 30. Miss Annette Fiske will present a paper on the "Social Opportunities of the Visiting Nurses' Work."

### Nurses' Examinations

#### DIETETICS

1. Of what value is food to the human body?
2. What is the average composition of cow's milk? Mother's milk?
3. State in detail a method of peptonizing milk.
4. Why are different foods cooked?
5. What should be the diet of a tubercular patient in the incipient stage?
6. What is the usual form of diet in acute gastritis?
7. What foods should be avoided if there is a tendency to flatulency?
8. What should be the general diet in diseases of the heart?
9. What class of foods is to be avoided in diabetes mellitus?
10. Give in detail a day's diet for a diabetic patient.

#### BACTERIOLOGY AND HYGIENE

1. What are bacteria? What is the action of pathogenic bacteria? Nonpathogenic?
2. Where are bacteria found? What are the most effective means of destroying bacteria? What is Nature's disinfectant?
3. What conditions specially favor the growth of bacteria?
4. Describe in detail the measures for preventing the spread of scarlet fever that you would observe in the nursing of a single case. Describe in detail the preparation and disinfection of room or rooms used in nursing any contagious disease.
5. Define hygiene. What are the principal factors in maintaining health?
6. State three important factors in stimulating the excretory organs of the body.
7. How much fluid should be drunk daily under ordinary circumstances? What time of day is the drinking of water especially beneficial?
8. What are the benefits and disadvantages of open fireplaces? What is the best method of lighting, from a hygienic standpoint? Why?
9. Mention some of the more important things that a "school nurse" should watch for in the pupils.
10. Name two common cause of spinal curvature. How may curvature generally be corrected in a young child, if recognized early?

#### SURGICAL NURSING

1. State in detail your method of making a flaxseed poultice. How would you apply the same to the lower jaw?
2. What are the general signs

of hemorrhage? What is the difference between the treatment of shock and that of hemorrhage? 3. How would you recognize a fracture? What could you do for a fractured tibia before the arrival of a doctor? 4. What are the symptoms, both local and general of wound infection? 5. How would you prepare a patient for general anesthesia? What points are to be carefully observed while the patient is anesthetized? 6. How would you sterilize instruments before operation? How would you clean instruments after operation? 7. Define sepsis, asepsis and antisepsis. How would you prepare and give a hot, sterile douche? 8. In case of hemorrhage from the brachial artery, what would be the character of the flow and what measures would you take to control it? 9. How would you prepare for a pelvic operation in a private house? 10. What articles would you have ready for the application of a plaster cast to a leg? What preparation would you give the patient's skin before the application of the cast?

#### MEDICAL NURSING

1. Define the following terms: crisis, lysis, incubation, immunity, contagion. 2. Give a formula for a nutritive enema and state in detail your method of giving the same. 4. What is meant by the three following terms: suppression, retention and incontinence of urine? 4. How would you collect and prepare a specimen of urine to send away to a doctor? 5. Where does the rash of scarlet fever first appear and what are the complications common to this disease? 6. How would you give artificial respiration? 7. What would you do for a person in an attack of epilepsy? What symptoms should a nurse make special note of that the doctor might distinguish between epilepsy and hysteria? 8. Explain the following terms as applied to the pulse: irregular, intermittent, dicrotic, high tension. 9. How would the symptoms of perforation differ from those of hemorrhage in typhoid fever? In either case what could the nurse do for the patient? 10. Why are cleansing baths especially important in illness?

#### OBSTETRICS

1. When in charge of an obstetrical patient at what stage do you consider it necessary to practise strict asepsis and antisepsis? 2. Give the nursing care of a mother for a few hours after termination of third stage of labor? 3. (a) What temperature would you give a vaginal douche to control hemorrhage? (b) Mention three other methods you would employ to control uterine hemorrhage while awaiting the arrival of the physician. 4. What is puerperal infection? 5. Give a list of articles to have in the confinement room during labor. 6. What organ is generally conceded to be the weak spot and requires particular watching during pregnancy? 7. During the puerperium, how frequently should the perineal pads be changed, and how would you proceed to do it? 8. What diseases should be avoided prior to nursing an obstetrical case? 9. What is the bony pelvis? Of what does it consist? 10. What care should a nurse give her own person before going to an obstetrical patient?

#### ANATOMY AND PHYSIOLOGY

1. Name the divisions of the spinal column and give the number of bones in each. 2. Locate

the ulna, femur, scapula and sternum. 3. State briefly what you know about the optic nerve. 4. Name the two general divisions into which muscles are divided and give example of each. 5. What action does oxygen have on the blood? 6. Name four of the secretions of the body, and name the organs secreting them. 7. If albumen is found in the urine, why is it a grave symptom? 8. (a) What is the length of the alimentary canal? (b) Name its divisions. 9. What secretions act upon the food in the mouth, stomach and intestines? 10. Describe the greater circulation.

#### DISEASES OF CHILDREN

1. What is rachitis? What is the prophylactic treatment? 2. What are some of the causes of diarrhea in children? 3. What care should be given diapers and utensils used in cases of diarrhea? 4. What is scarlet fever, its symptoms and possible complications? 5. State in detail the care to be given all articles used by a nurse in a scarlet-fever case. 6. What is measles and what constitutes proper nursing care? 7. What is pertussis and what are the complications? 8. What is the cause of diphtheria and what is the proper nursing care in same? 9. What are the symptoms of bronchopneumonia of children? 10. How may a child with eczema be prevented from scratching areas of eruption?

#### MATERIA MEDICA

1. What considerations modify the dosage of drugs? What is a good rule for calculating the dose for a child when the adult dose only is known? 2. How much of a drug must be used to make  $\frac{3}{4}$  of a 1 per cent. solution; a 1 : 100 solution? How would you prepare Oiv of sterile saline sol. (normal)? 3. Name two preparations of aconite in common use and give doses. Describe its action; give therapeutic uses. 4. What is meant by the cumulative action of drugs? In the use of what drugs should one be specially watchful for these symptoms? 5. Why should iodine preparations not be given in conjunction with starchy foods? What foods must be avoided when giving calomel? 6. The administration of anodynes and narcotics is often left to the discretion of the nurse. What should be her attitude in regard to giving same? Why? 7. Name three coal-tar antipyretics. What are their uses and usual doses? What untoward effects are to be watched for when either is given? 8. What are the symptoms of opium poison? Describe in detail the treatment. 9. Why should the urine be preserved for examination both before and after the administration of an anesthetic? 10. Why is atropine sometimes used in connection with morphine when given hypodermically?

#### NURSING ETHICS

1. If you were nursing in a family and from unmistakable conduct on the part of patient and family felt convinced that either your personality or professional services were not acceptable, what would you do? 2. If you were nursing in a family and it became necessary to call in a second nurse, who was better liked than yourself by the patient, would you claim your right to remain when only one nurse was needed, or would you retire in favor of the second nurse? 3. If you were nursing a child who was very unruly and the mother objected to necessary



# The Nourishment of Invalids

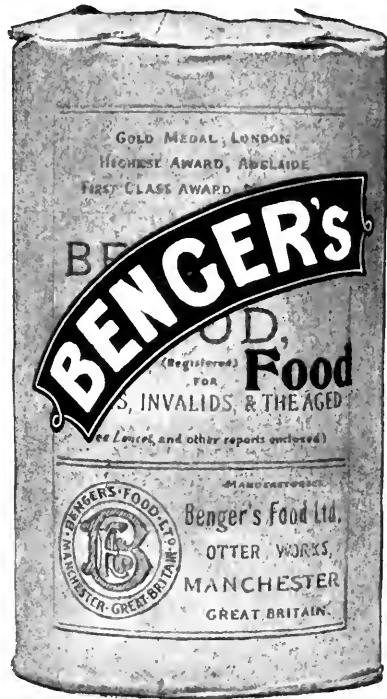
INVALIDS gradually recovering strength and who yet require light diet will find the special recipes in the BENDER BOOKLET a welcome change.

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## — IN 1898 —

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reported that "the preparation fulfills ALL the requirements and presents ALL the conditions of a very satisfactory emulsion. In appearance and consistency it is not unlike cream and under the microscope the fat globules are seen to be of perfectly regular size and uniformly distributed. So well has the oil been emulsified that even when shaken with water the fat is slow to separate. The taste is decidedly unobjectionable and the Emulsion should prove an excellent food as well as a tonic."

We believe no other preparation of Cod Liver Oil has received such weighty commendation and if the same high authorities were to examine it now they would find it even finer, more digestible, more palatable and more satisfactory in every way.

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discipline, what would you do? 4. If called to an obstetrical case where the patient is the head of the family and there are two older children, one of school age, and scant means for more than the nurse's salary, where would you consider that your duties end? 5. If when caring for a newborn infant having discharge of pus from eyes, in a state where the law requires such cases to be reported to the board of health, the physician in charge fails to report, what would you do? Has New Hampshire any law covering such cases?



### Pennsylvania

The summer work for the babies by the Pittsburgh Department of Health was brought to a close October 1. The ten graduate nurses appointed in June each had charge of a milk station where certified milk was distributed in districts where it was almost impossible to obtain good milk. Ten of the medical school inspectors were retained during the summer months to prescribe the diet for the babies whose parents were too poor to pay for a physician or where the family physician referred the baby to the station to have the diet supervised. Each station was also provided with an assistant, who was not a nurse. Her duties were to give out the prescribed amount of milk, assist in weighing the babies and to assist the nurse wherever she needed her. The entire morning was spent at the station, where the mothers brought the sick babies and were instructed by the nurse how to modify the milk, how to bathe and properly clothe the baby, and encouraged and helped wherever possible. During the afternoon the homes of the babies were visited and where unsanitary conditions were found the parents were persuaded, if possible, and required by law if necessary, to make the home livable for the baby.

Many good results were obtained by training the little girls who for one reason or another were compelled to care for their baby brother or sister.

The ten nurses were transferred from the summer work to the public schools. Ten nurses are wholly inadequate to do the necessary work in Pittsburgh, but Dr. Burns, the chief medical inspector, hopes by their good work to show the need of enough nurses to handle all the schools.

The nurses appointed were: Miss Clara A. Ott, R.N.; Mrs. Mayme Hector, R.N.; Miss Mabel Bochart, R.N.; Miss Nellie McCarthy, R.N.; Miss Anna G. Reardon, R.N.; Miss Viola McPherson, R.N.; Miss Mary E. Chatham, R.N.; Mrs. Mary E. Lynn, R.N.; Miss Isabel Chaytor, R.N., and Miss Frieda de Zocher, R. N., of German Hospital, of Philadelphia.

The September meeting of the Allegheny General Hospital Nurses' Alumnae Association, being the first meeting since spring, was well attended. The class of 1911 was admitted to membership. Plans for the coming State Association were discussed and an unanimous vote cast to contribute \$100 to the Isabel Hampton Robb Memorial Fund.

The Allegheny General Hospital Nurses' Alumnae Association held its regular monthly meeting at the hospital October 2. On account of the great demand for nurses for the care of the sick the meeting was poorly attended.

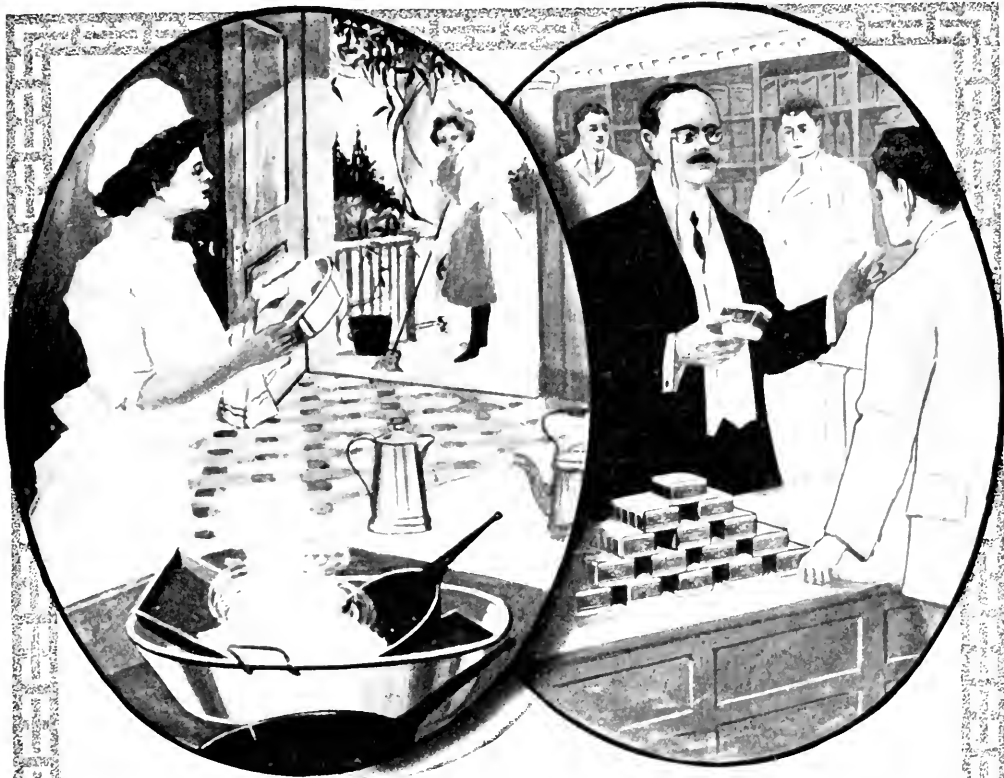
The question of the Nurses' Relief Fund was discussed and all nurses present were of the mind that it would be better for each nurse to contribute individually rather than as a body to the fund, but decided to discuss the question with other nurses and to learn as much as possible about the subject and to bring it up at the November meeting for decision.

Miss Isa P. Hanna, a graduate of the Allegheny General Hospital Training School, who has held the position of district nurse for the First Presbyterian Church, of Pittsburgh, has resigned, and Miss Maude Evans, a graduate of the same school, has been appointed to succeed her.

Mrs. Mabel Henderson Fleishman, of Culebra, Canal Zone, a bride of a few months, has been visiting her classmates in Pittsburgh, where a number of delightful entertainments were given in her honor. Mrs. Fleishman sailed for her home September 27.

The regular quarterly meeting of the Alumnae Association of the Pittsburgh Training School for Nurses, which was held at the Old Homeopathic Hospital, Thursday evening, October 5, 1911, was very largely attended. After the business meeting a paper on special nursing was read by Miss Saunders, which was followed by a general discussion. The January meeting will be held at the Nurses' Home on Aiken Avenue.

The bi-monthly meeting of the Nurses' Alumnae Association of the McKeesport Hospital was held Thursday, October 3, at 3 P.M., in the ladies' parlor of Masonic Temple, the president, Mrs. Laura P. Arthur, in the chair. A committee of four was appointed to make arrangements for the annual reception and banquet to be held at White's Hotel, late in October.



# SAPOLIO

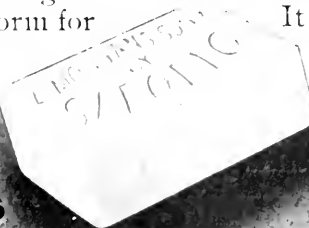
## Look into the Homes

and see the service Sapolio gives, cleaning pans, kettles, paint, marble, woodwork or floors. However discouraging the task, **Sapolio is more than a match for it.** It is the great economizer, too—a **big** cake—slow wearing—no spilling—the best form for service and saving.

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The Columbia Hospital Alumnae Association of Pittsburgh, Pa., reports the death on June 14, 1911, of Miss Emma L. Fundis, class of 1909. Miss Fundis was drowned in the Allegheny River at Oakmont, Pa., while canoeing. The following resolutions were adopted:

WHEREAS, It has pleased our Heavenly Father in His infinite wisdom to remove from our midst our beloved sister,

RESOLVED, That the members of the Alumnae Association of Columbia Hospital extend to the family our heartfelt sympathy in this their bereavement and commend them for comfort to that Power that, in taking from us those we love, sends always a comforter; and be it further

RESOLVED, That the Alumnae Association hereby instructs the secretary to record upon the minutes of the society the resolution, and that the same be inserted in THE TRAINED NURSE AND HOSPITAL REVIEW, and that a copy of the same be sent to the bereaved family of our deceased member.

MARY E. JONES,  
MARY S. MADGE,  
JESS A. PEITHER.

At the end of the summer courses in Mechano-Therapy the following students received their diplomas at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, Pa.:

Ella Hankinson, Trinity Hospital, Milwaukee, Wis.; Ella Stridde, Trinity Hospital, Milwaukee, Wis.; Martha A. Rutherford, R.N., Manhattan State Hospital and Polyclinic Medical School and Hospital, New York; Jessie B. Mathews, Grady Hospital, Atlanta, Ga.; St. Luke's Hospital, Jacksonville, Fla.; Mayme Kennison, Dr. King's Hospital, Portland, Me.; Naomi Magnuson, Moline Public Hospital Training School, Moline, Ill.; Eunice Magnuson; Elizabeth I. Chapple, Dr. Stockton's Private Sanatorium, Buffalo, N. Y.; Catherine M. Lynch; A. F. Zimmerman, Hot Springs, Ark.; U. S. Army Hospital Corps.

The second section of the fall classes opens on November 15, 1911. The winter classes open on January 9 and March 12, 1912.



#### New Jersey

On October 3 the regular meeting of the Paterson General Hospital Alumnae Association was held in the parlor of the Sarah Amelia Quackenbush Memorial Home. Seventeen members responded to the roll call. Two nurse were admitted to membership. Two sick-benefit claims were approved.

It was decided to contribute the sum of twenty-

five dollars toward furnishing the necessary equipments in the dining room in the new home, which is used by the nurses for their social affairs only.

Each member was asked to contribute fifty cents toward procuring linen for the children's ward, which will be given the hospital on the regular guild day as a memorial to Miss Josephine Osborne, who worked so faithfully for the little ones while with us. Mrs. O'Neill assumes the responsibility of the work, asking that as far as possible the nurses aid in the making of the garments.

Through the courtesy of the superintendent of nurses we now have a closet at the home for the safekeeping of our supplies.

The secretary was instructed to fill out application blank for organization membership in the New Jersey State Nurses' Association.

It was suggested that we consider the Isabel Hampton Robb Memorial, and inform ourselves as to the Nurses' Relief Fund. It was a pleasant and profitable meeting.



#### Ohio

A new line of work has been taken up by Miss C. Elizabeth Allen, field nurse for tuberculosis and visiting nursing associations, Columbus, Ohio. Miss Allen will go to a new society, either tuberculosis or visiting nursing, and will help organize the work, using a graduate of the town or city well versed in general knowledge as well as nursing, one with a broad view of the problems to be met. She will train the nurse in the visiting and dispensary work. Will also help the committee in planning the work, making the records, etc., according to the best methods. Miss Allen has had the following experiences to fit her for this work: private tuberculosis nurse, 1901-1904; visiting nurse, 1904-1906; head nurse Columbus Tuberculosis Society, 1906-1909; superintendent Training School, Ohio State Sanitarium, Mt. Vernon, 1909-1911.

The Graduated Nurses' Association, of Cincinnati, held a meeting in the library of the City Hospital, Sept. 25, and during the session Miss Olive Fisher, president of the association, was presented with a handsome silver tea urn. The presentation speech was made by Superintendent Miss Mary Greenwood, of the Jewish Hospital. The following subjects were discussed by the nurses: Ida Hasselburg, "School Nursing"; Miss Bode, "Visiting Nurses"; Mary Emery, "Anti-Tuberculosis Nursing"; Ella Aurey, "Private Nursing," and Lena Mitchke, "Nursing of Blind Children."

FAC-SIMILE

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The electrical department is thoroughly equipped with galvanic, faradic batteries, coils for High Frequency, Sinusoidal currents, X-Ray work, Static Machines, Bachelet magnetic wave, etc.

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Pupils are taught the use of Electric Light, Dry Hot Air Baths, Dr. Baruch's hydriatic table; we have all facilities for the administration of the various full and medicated baths, half baths, packs and other hydriatic procedures. Schott exercises are taught in connection with the Nauheim Bath. Nebulizers, Vibrators, Frazier-Lentz Baking Apparatus, local and general Blue Light Baths, Solar, Leucodescent Lamps, Bier's Hyperaemia and various other apparatus are thoroughly demonstrated and used in practical work on patients.

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**Second Section of the Fall class opens on Nov. 15, 1911. Winter Classes open on Jan. 9 and March 12, 1912**

### INSTRUCTORS

DANIEL D. HOYT, M.D., (Demonstr. Univ. of Penna.)  
HOWARD A. SUTTON, M.D., (Instructors University  
ELDRIDGE L. ELIASON, M.D., (of Pennsylvania).  
FRED D. WEIDMAN, M.D., (Demonstr. Woman's Col-  
lege of Phila., Univ. of Penna.)  
LOUIS H. A. VON COTZHAUSEN, Ph.G., M.D. (Graduate  
Phila. College of Pharmacy, Med. Dept. University  
of Penna., Penna. Orthopaedic Institute).  
WM. ERWIN, M.D. (Hahnemann and Rush Med. Col.)

MAX J. WALTER (Univ. of Penna., Royal Univ., Breslau,  
Germany, and lecturer to St. Joseph's, St. Mary's,  
Phila., General Hospital (Blockley), Mount Sinai and  
W. Phila. Hosp. for Women, Cooper Hosp., etc.)  
HELENE BONDORFF (Gym. Ins., Stockholm, Sweden).  
LILLIE H. MARSHALL } (Pennsylvania Orthopaedic  
EDITH W. KNIGHT } Institute).  
CHARLOTTE P. MOODIE (Brookline Free Hospital for  
Women, Phila. Lying-In-Charity Hos., Penna. Orth.  
Institute.)

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MAX J. WALTER, Superintendent

A banquet was tendered Miss Olive Fisher, superintendent of the Training School for Nurses, September 27, by the Alumnae Association of the Cincinnati Hospital. The banquet took place at the Business Men's Club and was attended by fifty nurses. Miss Fisher has resigned her office as superintendent of the school, and as an appreciation of the grand work done by her in the past she was presented with \$100 in gold currency by the association.

Miss Catherine Ellison, who will take her place, made the presentation speech.



### Missouri

The following resolutions were adopted by the Alumnae Association of the Lutheran Hospital, St. Louis, on the death of Miss Pauline Mertz, class of 1904, who died at the Lutheran Hospital June 5, 1911, after an illness of eighteen months:

WHEREAS, It has pleased God in His infinite wisdom to remove from our midst our beloved sister, Miss Pauline Mertz, after months of patient suffering, be it

RESOLVED, That we, the members of the Lutheran Hospital Alumnae Association and of the class of 1904, having lost a valued friend and an exceptionally gifted member of our profession, extend to the bereaved family and friends our heartfelt sympathy; and be it further

RESOLVED, That a copy of these resolutions be spread upon the minutes of the Alumnae Association and copies forwarded to the nursing journals for publication.

SARAH REITZ, R.N., Chairman.

JEANIE CALDER, R.N.

MARIAN A. BURNS, R.N.



### Personal

Miss Lila F. Baggerly, of Louisville, Ky., has been appointed head surgical nurse at the State Hospital, Logansport, Ind.

Miss M. E. Caldwell, formerly a head nurse at the Cooper Hospital, Camden, N. J., has been appointed assistant superintendent of the Muehlenberg Hospital, Plainfield, N. J.

Miss Susan C. Parrish, of St. Luke's Hospital, South Bethlehem, Pa., has been appointed head nurse at the Queen's Hospital, Honolulu. The hospital has a staff of fifteen graduate nurses.

Miss Annie E. Keegan and Miss Lola M. Losey, class of 1909, of St. Joseph's Hospital, Philadelphia, Pa., have accepted positions at the Oberlin Hospital, Oberlin, Ohio.

Miss Myretta Voit, of the Nurses' Club, Syracuse, has been in New York City visiting hospitals, clubs and schools.

Miss Sara Morrison, of the Nurses' Club, Syracuse, has spent the summer traveling in England, and is expected home the last of October.

Miss Anna Fiffian, graduate of Cooper Hospital, Camden, N. J., and former operating-room nurse at that institution, has taken the position of night chief at the Henrietta Brewer Memorial Hospital, Helena, Mon.

Miss Etta E. Cook, head nurse at County Hospital, Helena, Mon., has resigned after three years' service.

Miss Mary Jean Spencer, a nurse of wide experience and generally recognized ability, has undertaken the work of hourly nursing in Peoria, Ill., and her very valuable services are now to be had daily by those who wish them for short periods only.

Miss Maria T. Kevill, of Philadelphia, Pa., a graduate of the Pennsylvania Orthopaedic Institute, Philadelphia, has been requested by the Pennsylvania Hospital for the Insane at Philadelphia to teach the art of massage to the nurses in training at the hospital.

Mr. Eugene P. Sullivan, a graduate of the Gowanda State Hospital, Gowanda, N. Y., and also of the Pennsylvania Orthopaedic Institute, Philadelphia, has been placed in charge of the male mechanical department at the sanatorium recently built by Mrs. Anna Gebhart, also a graduate of the Pennsylvania Orthopaedic Institute, at Dayton, Ohio.

Mrs. Annie M. Woodbury, R.N., a graduate of the Salem Hospital, Salem, Mass., and West End Infants' Hospital, Boston, Mass., and also a graduate of the Pennsylvania Orthopaedic Institute, Philadelphia, Pa., has been placed in charge of the mechanical department of [the] Scarlet Oak Sanatorium of the Bethesda Hospital, Cincinnati, Ohio, to succeed Miss Carrie I. Farrington, also of the Pennsylvania Orthopaedic Institute, who has purchased the Smith Sanitarium treatment rooms at Flint, Mich.

The Misses Gertrude Creedon, Kathryn Walsh and Ida Flavin, graduates of St. Vincent's Hospital, Worcester, Mass., have taken a post-graduate course at the Corey Hill Hospital, Brookline, Mass.

# Coffee Drinking and POSTUM

Most persons feel the need of a hot beverage at breakfast time—especially during the colder months of the year.

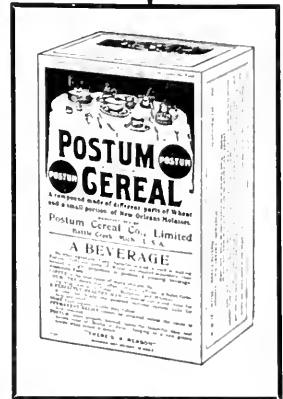
Until recent years, in this country especially, coffee has been, and largely still is, the most universally preferred beverage.

But, the physician well knows that coffee (and tea) contains an active alkaloid—*caffeine*—which, while it may be useful as a remedy in the hands of the trained medical man, has no legitimate place, from a dietetic standpoint, in a regularly consumed beverage.

There is no question but that *caffeine*, as daily consumed by coffee and tea drinkers, is responsible for many ailments, obscure at first, but increasingly apparent to the trained observer; that can be best “treated” by interdicting coffee or tea, and ordering POSTUM instead. This well-known “food-beverage” is made of clean, hard wheat, including the bran-coat. As is well known to Food Chemists, the “vital phosphates” of wheat are impregnated in the bran-coat.

These “phosphates” afford a natural “cell tonic” in lieu of the artificial “whip”—*caffeine*; and hence POSTUM, free from any harmful substance, supplies the mineral elements Nature demands for perfect nutrition of the body cells.

The “Clinical Record,” for Physicians’ bedside use, will be sent on request to any physician who has not yet received a copy, together with samples of GRAPE-NUTS, POSTUM and POST TOASTIES for personal and clinical examination.



POSTUM CEREAL COMPANY, LIMITED, BATTLE CREEK, MICH., U. S. A.

Miss Van Nier, head nurse of the Children's Hospital, Los Angeles, Cal., is passing her vacation in the East, where she will make a study of the new methods of hospital equipment. The plans of Hunt & Burns for the new hospital building have been accepted by the hospital staff, and will be resubmitted on Miss Van Nier's return, with any suggestion she might make. Her trip will take her to Chicago, Baltimore, Washington, New Haven, New York, Boston, Toronto and Buffalo.

Miss Maude Starks, of the 1910 class of the Frances Willard Hospital, of Chicago, Ill., is very successfully filling the position of superintendent of the Albion City Hospital, of Albion, Mich.

Miss Elizabeth E. O'Keefe, R.N., a graduate of the 1909 class of the Frances Willard Hospital, in Chicago, Ill., has accepted the position of surgical nurse in the German Hospital, of Kansas City, Mo.



### Marriages

Cards have been sent out announcing the marriage of Miss Lenna Johnson, graduate of Berea, Ky., and Mr. John Henry, of Denver, Colo., on September 17. Mrs. Henry was formerly employed at Drs. Feiller and Soderquist Hospital, at Idaho Falls, Ida.

At Helena, Mon., September 16, at St. Peter's Episcopal Church, Miss Edith Anne Jackson to Mr. William Evarts Tracey, of Telluride, Colo. The bride has been a nurse at St. Peter's Hospital, Helena, for a number of years. Mr. and Mrs. Tracey will make their home at Telluride.

At Boston, Mass., on September 6, Miss Marie Boyle, a graduate of Carney Hospital, to Mr. Louis Schuser. Mr. and Mrs. Schuser will reside at 208 Everett Street, Allston, Mass.

At Boston, Mass., on September 13, Miss Annie White, a graduate of Carney Hospital, to Mr. James Flannery. Mr. and Mrs. Flannery will reside in Dorchester, Mass.

At Cleveland, Ohio, June 28, 1911, Miss Ida B. Bittner, a graduate of St. Clair Hospital, Cleveland, to Dr. E. R. Alexander. Dr. and Mrs. Alexander will make Seville, Ohio, their future residence.

At Wilmington, Del., September 21, Miss Margaret Warren to Mr. Leland P. Shidy. Mr. and Mrs. Shidy will reside at Washington, D. C.

At York, Pa., June 15, 1911, Miss Lilian E. Kraus, class of 1909, Columbia Hospital, Pittsburgh, Pa., to Dr. Jos. E. Edgar, of Oakmont, Pa.

On May 11, 1911, Miss Susan Himes to Mr. Kerr E. McConnell, class of 1909, Columbia Hospital, Pittsburgh, Pa.

On May 2, 1911, Miss Clara J. Crawford, class of 1901, Columbia Hospital, Pittsburgh, Pa., to Mr. R. E. Lockard, of Indiana, Pa.

At Pittsburgh, Pa., June 1, Miss Laura Shotte, class of 1897, Allegheny General Hospital, to Mr. Charles Backman, of Sharon, Pa. Mr. and Mrs. Backman will make their future home at Sharon.

At Dunville, Ontario, June 14, Miss Theresa Bates, class of 1908, Allegheny General Hospital, to Mr. Geo. Ramsey, of Dunville. Mr. and Mrs. Ramsey will make their future home in Canada.

At Pittsburgh, Pa., August 5, Miss Viola P. Mitchell, class of 1909, Allegheny General Hospital, to Dr. Rudolph Bentz. Dr. and Mrs. Bentz left immediately after their marriage for an extended trip through Australia.

On October 18, Miss Helen S. Morgan, of Paterson, N. J., a graduate of St. Mary's Hospital, Passaic, to Mr. Roy L. Romaine, of Paterson.



### Births

On September 30, 1911, at Norwich, Conn., a son, John Kinney, to Dr. and Mrs. W. K. Tingley. Mrs. Tingley was formerly Miss Ethel Ryan, graduate of the William Backus Hospital, Norwich, Conn.

On July 26, at Downs, W. Va., a daughter, Helen Louise, to Rev. and Mrs. Frank Patterson. Mrs. Patterson was Bessie Stephenson, a graduate of Allegheny General Hospital.

On September 11, at Allegheny General Hospital, a son to Mr. and Mrs. John Caughey. Mrs. Caughey was Maude D. McCormick, a graduate of Allegheny General Hospital.



**TYPES  
OF  
ANEMIA**

**No.  
10**

**Post-Hemorrhagic  
Anemia**

whether due to acute, exhausting loss of blood, or the more chronic hemorrhages of the climacteric, is a distinct indication for the use of

**Pepto-Mangan (Gude)**

in full and regular dosage. It creates new red cells, increases the hemoglobin content of the blood and rapidly "makes good" the loss of vital fluid.

In eleven-ounce bottles only. Never sold in bulk.  
Samples and literature upon application.

**M. J. BREITENBACH CO., New York, U.S.A.**

Our Bacteriological Wall Chart or our Differential Diagnostic  
**72** Chart will be sent to any Physician upon application.

# A Drink in Fevers.

A teaspoon of **Horsford's Acid Phosphate** added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

## **Horsford's Acid Phosphate**

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

## TOO LATE FOR CLASSIFICATION

## Pennsylvania

The regular monthly meetings of the Alumnae Association of the Philadelphia Lying-In Charity Hospital are held the first Thursday afternoon of each month at the hospital, at three o'clock. At the October meeting there were fourteen members present, with the president, Miss Miriam A. Wright, in the chair.

Miss Rose R. Schaub, from the Municipal Hospital, of Philadelphia, and Miss Adele Miconi, R.N., a graduate of the Philadelphia Lying-In Charity Hospital, were the two nurses in charge of the Chestnut Street Pier Baby Summer Hospital this summer. They were under the supervision of Miss C. E. Perkins, superintendent of the municipal nurses who are doing district work in Philadelphia. The doctors in charge of the summer camp were Dr. J. S. Neff, director of the department of public health and charities, and Dr. S. M. Newmayer, visiting physician.



## Delaware

The Nurses' Examining Board of Delaware will hold examination of applicants for registration December 4, 1911. Applications must be in by November 25, 1911. Apply to secretary, Miss Anna M. Hook, R.N., 9 East 12th Street, Wilmington, Del.



## Vermont

Tuesday, October 3, will long be remembered as a "red-letter" day by those connected with the Hotel Dieu, Fanny Allen Hospital, Winooski, Vt., but more especially by the hospital staff and the pupil nurses. The occasion was the seventeenth annual dinner given the staff by the management and the fourteenth commencement day for the training school for nurses. The dining hall was simply and tastefully decorated. The Rt. Rev. J. J. Rice, Bishop of Burlington, Vt., and president of the board of corporators of the hospital, as well as the Rev. Wm. Cahill, chaplain at the hospital, graced the event by their presence, and the entire staff with but few

exceptions was in attendance. Needless to remark a grand tribute of justice was paid to the elaborate repast. Words of well wishes and commendation for the hospital and the noble way in which the work is carried on by the Sisters was voiced by all.

At 2.30 P.M. the Right Reverend Bishop and clergy with the members of the staff were ushered to the large hall where the student nurses were assembled for the distribution of diplomas. The class colors, blue and white, were in profusion, and in a conspicuous place floated the class banner, "F. A. H., '11," while prominently displayed was the class motto: "*Semper Fidelis*" (Always faithful). The graduates presented a pleasing sight, with their white uniforms and black-banded caps, while the intermediate and junior nurses in their stripes formed the background.

The Rt. Rev. J. J. Rice, in a few well-chosen remarks, congratulated the class on their successful efforts of the past and their noble ambition for the future, and encouraged them to be faithful and loyal to the teaching they received from this institution, which certifies them to the world.

Dr. Lyman Allen, secretary of the hospital staff, spoke briefly on the gradual and successful progress of the training school, outlining the different changes for advancement made from the purely theoretical course to the one now given which is second to none given by any of the larger hospitals of the country, recognition by the regents of New York State and affiliation with Bellevue and allied hospitals of New York City being its latest achievement.

The valedictory was read by Miss Rosella Canning and was responded to by Miss Mary A. Geprags for the junior nurses.

Diplomas were presented by the Rt. Rev. J. J. Rice and the graduate's badge by the Rev. Mother Superior. The grand chorus of "America" closed the exercises of the day. The graduates are as follows: Rev. Sisters M. Lefebvre and Dubuc, professed nuns of the hospital; Misses Joana C. Duggan, Catherine and Anna Coughlin, Margaret Loucher, Rosella Canning and Margaret Argo.

## **"When the Heart is Weak"**

the whole body usually suffers; every function is depressed, every tissue shows the lack of adequate nourishment. Effective treatment, therefore, should aim to accomplish not merely cardiac stimulation, but a great deal more. This is why

## **Grays' Glycerine Tonic Comp.**

has proven so valuable in all diseases of the heart. Used in appropriate dosage it not only supports and reinforces the heart's action, but in addition so improves the appetite, promotes digestion, aids assimilation and increases functional activity that the whole bodily nutrition is markedly elevated and the general health correspondingly benefited. ¶ Gray's Glycerine Tonic Comp. has, therefore, a wide range of usefulness in the treatment of cardiac affections, and while not a specific nor a cure-all, it exerts a tonic reconstructive action that not only reinforces the heart, but lightens its burden.

**THE PURDUE FREDERICK CO., 298 Broadway, New York.**

# **Antithermoline**



**Relieves  
Local  
Pain and  
Inflammation**

(Apply Externally) □

**NOW SUPPLIED IN GLASS JARS  
RETAIL PRICES**

5 oz. Glass Jars \$ .25	1 3/4 lb. Glass Jars \$1.00
II " " " .50	5 " " " 2.25

**G. W. CARNRICK CO.  
42 SULLIVAN ST., New York City**

When you write Advertisers, please mention **THE TRAINED NURSE**

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# New Remedies and Appliances

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## Flat Foot Among Nurses

In his article, "Gymnastics for Nurses in Training," which appeared in the October number of THE TRAINED NURSE AND HOSPITAL REVIEW, Dr. Max J. Walter says: "It may be advisable to say a few words in regard to the prevention and cure of the altogether too frequent cases of weak foot or flat foot among nurses, which give them so much trouble in their vocation. The more serious cases must, of course, be referred to the orthopedic surgeon. In the milder cases, which are at least aggravated, if not altogether caused by poorly fitting shoes . . . a great deal can be achieved by teaching the afflicted nurse to have the shoemaker raise the inner border of the sole and heel somewhat, so as to force the foot through gravity outward."

Another writer tells of the amount of needless suffering that nurses endure, and which is often attributed to rheumatism, or some internal trouble, that could be quite done away with by properly fitting shoes. Unfortunately, many of the shoes made to prevent or remedy these evils are prohibitive in price for the average nurse. It is, therefore, very gratifying to find a shoe such as is made by the Architect Shoe Company, of Schenectady, N. Y., which furnishes all the necessary requirements at a moderate price. This company has made a study of shoe construction for a number of years, and nurses will profit by sending for their free booklet. Remember, it is better to prevent an evil than to remedy it, so send at once.



## The Soluble Paper Sanitary Napkin

Miss C. B. Cahoon has received the following unsolicited testimonials regarding her soluble paper napkins:

"The samples were satisfactory, and in my estimation excel any that are on the market today."

M. M. B., Omaha, Neb.

"I think them excellent, and just what every woman needs, if she is a business woman or expects to travel."

S. S., Fayette, Iowa.

"The soluble paper napkins were most satisfactory; I liked them so much that I intend purchasing and using them."

I. M. O., Brooklyn, N. Y.

## The Baker Bedside and Reading Table

This unique table is not a novelty but a necessity. Besides being indispensable in the sick-room, it is decidedly convenient as a music stand or easel, or for reading, writing, drawing, playing games and numerous other uses. The table projects over a bed without touching it; thus the patient does not suffer the least burden or interference, but is enabled to conveniently enjoy a meal with all possible comfort. During convalescence it is a most faithful companion, as it holds a book or paper in proper position for reading or serves as a most convenient table on which to write. To each side of the table is attached a neat and perfect folding device for holding books, etc. It can be instantly and easily adjusted to its various positions. The top locks automatically and firmly in a level or tilted position, and its elevation can be readily changed to any desired height up to 38 inches.



## Benger's Food

Benger's Food is different from any other food obtainable. It is a specially prepared cereal food, containing natural digestive principles. When prepared with fresh cows' milk, according to directions, these bodies partially digest—more or less, as desired—the food itself and the milk used in its preparation. The result is a palatable, easily assimilated and highly nutritive diet. It is intended for infants, when necessity imposes artificial feeding; children, when they suffer from malnutrition; adults, when dyspeptic troubles are present; invalids and the aged, when a light, nourishing diet is required, and for persons of all ages when the digestive system requires rest.



## School of Medical Gymnastics

The Alumnae Association of the School of Medical Gymnastics and Massage, at 61 East 86th street, New York City, opened the monthly meetings with an interesting lecture on "Corrective Gymnastics," by a Columbia University instructor. The school has a valuable new feature in its post-graduate course in physical training.



## Good Nurses and Careful Mothers

are particular about using no other but

### MENNEN'S BORATED TALCUM TOILET POWDER

because it is freely recommended above all others by physicians everywhere. MENNEN'S is the safest and purest of Toilet Powders. It not only **smooths** the skin but **soothes** the skin, not only **hides** roughness and rawness but **heals** them.

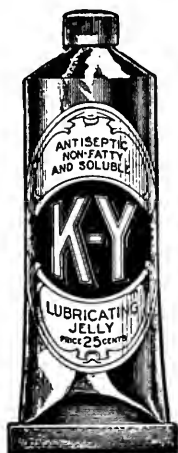


TRADE MARK

**Mennen's Borated Talcum Toilet Powder** is as necessary for Mother's baby as for Baby's mother

It contains no starch, rice powder or other irritants found in ordinary toilet powders. Dealers make a larger profit by selling substitutes. Insist on Mennen's. Sample Box for 4c. in stamps

The Gerhard Mennen Company, Newark, N. J.



## K-Y LUBRICATING JELLY

"The Perfect Lubricant"  
for  
Specula, Catheters, Rectal  
and Colon Tubes



Non-greasy, water-soluble, and does not soil clothing or dressings.

Invaluable for sore hands, giving prompt relief from chaps, cracks and the irritation due to use of antiseptic solutions.

A liberal sample to nurses on request.



**VAN HORN & SAWTELL**  
307 Madison Ave. New York City

## Robinson's Patent Barley

Recommended by the leading specialists and physicians.

When an artificial **Food for Infants** is necessary Cows' milk with barley water prepared from **ROBINSON'S PATENT BARLEY** is the most effective food known and easily prepared.

Sold in 1-lb. and ½-lb. tins

An illustrated booklet giving all information about feeding and treatment of infants free on application to

**JAMES P. SMITH & COMPANY**  
90-92-94 Hudson St. 57 & 59 S. Water St.  
NEW YORK CHICAGO

### Maillard Cocoa

There are all sorts of chocolate and cocoa products on the market. Many cocoas having been mixed with other materials, such as starch, etc., thus reducing the value of cocoa as a food product and impairing the flavor, Maillard's Cocoa is undoubtedly one of the purest, finest-flavored cocoas ever manufactured. This is due to two things—the care with which the beans are selected, only the finest being used, and to a special process which Maillard has perfected. Every nurse knows the value of chocolate as a food. Use Maillard's Vanilla Chocolate once and you will never be without a supply. It is sold by all leading grocers.



### The "Best" Tonic

Pabst Extract is acknowledged the "Best" tonic wherever and whenever run-down humanity needs building up. It's safest and most effective for young and old who need a general "spring" tonic, for the convalescent, the nursing mother, the dyspeptic, the business man run down in mind and body, for decrepit old age and for every man, woman and child who needs a tonic to restore wasted nerves, tone up the blood and rouse the dormant digestive functions. For several decades successful physicians have prescribed Pabst Extract. Nothing can equal it in toning, restorative properties.



### Steero Bouillon Cubes in Nursing

While prepared primarily as a means of obtaining a refreshing beverage quickly and without trouble, Steero Bouillon Cubes have proved of great value to the trained nurse in her work.

The manufacturers of Steero Bouillon Cubes, The American Kitchen Products Co., New York, have a large number of letters from trained nurses telling of the good uses they have been able to put Steero Cubes to. Patients who were unable to retain other food found Steero Bouillon an appetizing beverage and so delicate that they had no difficulty in assimilating it.

Steero Bouillon Cubes require no cooking. All that is needed is to place a Steero Cube in a cup and pour boiling water over it. Even the seasoning is included. Steero Cubes are distributed and guaranteed under the Pure Food Law by Schieffelin & Co., the well-known drug house of New York. They will be glad to send free samples of Steero Bouillon Cubes to any nurse who writes for them.

### The Swan Safety Pen

The Swan Safety Fountpens are a necessity with every nurse or physician for keeping temperature records or writing prescriptions. The convenience of a dependable fountain pen is not to be overestimated. The "Swan Safety" combines all the essentials that make for perfection in fountain pens. The "Ladder Feed" supplies the ink steadily and prevents blotting. The "Gold Top Feed" keeps the point of the pen wet with ink and prevents skipping. The "Screw-down Cap" creates a vacuum about the nib when the pen is closed and prevents leaking. Write Mabie Todd & Company for illustrated price list.



### Grip Again

The year 1911 will be long remembered for the serious and countrywide grip epidemic early in the year, and the unprecedented heat in July that spared no locality. Physical suffering and mortality were great. A large majority of nurses and physicians were grip victims last year, so this warning is for profession and laity alike. Do not neglect regular and simple meals. Drink clean water and breathe fresh air correctly as many of the twenty-four daily hours as possible. Wear seasonable clothing regardless of foolish fashions. Read something worth while every day and cultivate wholesome thought and speech. In the all-important matter of food, remember assimilation and not amount counts. Experience of all the years has demonstrated the value of one concentrated oil food to prevent the inception and overcome the ravages of grip. Take it now—a little every day and keep well. Scott's Emulsion is not a patent medicine but a proprietary food that the best physicians and nurses have used with confidence years and years.



### Standard Floor Dressing

Experiments have shown that the stirring up of dust increases the circulation of germs about seventy times as compared with the number of germs observable in the same place when the air is undisturbed, and ordinary dry sweeping accomplishes little more than the stirring up of dust. When a floor that has been treated with Standard Floor Dressing is swept no dust is set afloat. Three or four applications of the dressing a year usually are enough to keep premises practically dustless, and, as it is also a remarkable preservative of wood, it maintains the floor itself in first-class condition. The dressing can be applied evenly, easily and economically with the patent Standard Oiler, which is specially designed for this purpose.

## Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases

The PHILADELPHIA ORTHOPAEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES, in which instruction in massage, corrective and re-educational gymnastics has been given for fifteen years, now proposes to extend and enlarge the scope of this teaching, and offers a course in these subjects which, it is believed, with the great variety and quantity of material for observation and practice at the disposal of the hospital, cannot be equaled in this country.

During the year 1910 the number of treatments given in the out-patient department by pupils in the massage and medical-exercise course exceeded ten thousand. Besides this advanced pupils have opportunities of giving general and special massage to patients in the hospital under supervision of the instructors in the course.

The subjects covered by the course will include instruction in the treatment by massage of general diseases of nutrition, neurasthenia, hysteria, chorea, etc., and by massage and exercise in cerebral and spinal paralysis, infantile palsy, traumatic injuries of the spinal cord, dislocations, joint adhesions, disabilities following fractures, burns, scars, etc.; spinal curvature and other postural deformities, flat foot, club foot, contractures and the handling of locomotor ataxia by precision and coordination exercises.

The instruction will occupy about seven months, beginning in October, 1910. Lectures will be given by Dr. J. K. Mitchell, Dr. Wm. J. Taylor, Dr. G. G. Davis, Dr. Frank D. Dickson and Dr. Wm. J. Drayton, Jr., while the practical teaching occupies from three to four hours daily.

Examinations both practical and theoretical are required at the end of the course.

Those desirous of entering the class, which will be limited in number, should apply to the superintendent of the hospital, who will send a circular with details of the requirements for admission. The fee for this course is \$100.

A shorter course of instruction in the therapeutic uses of Electricity, suitable for pupils, may be taken with the mechanotherapy or separately.

This course lasts four months, and the fee is \$25.

1701 Summer Street, Phila., Pa.

6 OZ.  
SPRINKLER  
TOP



One of above special bottles of  
*Glyco-Thymoline* will be sent

**FREE**

**Express Prepaid**

to any *Trained Nurse* on application.

We want you to know the value of *Glyco-Thymoline*. It stands on its merits.

Mention this magazine  
KRESS & OWEN COMPANY  
210 Fulton St., New York

### The West Supply Co.

A wonderful advance has been made in hypodermic syringes by the invention of the hollow piston. In this style of syringe as made by The West Supply Co., of Canton, Ohio, the piston is made of finest aluminum, so that it will not corrode, and the entire interior is made hollow to form a chamber for holding the lubricating oil, the outer end having a screw cap to enable this oil chamber to be filled without removing the piston from the syringe barrel. Not only is the piston hollow its entire length, but it is made much larger than ordinary in order to hold a greater amount of oil.



### An Authoritative

In his "Reference Book of Practical Therapeutics," compiled by our old friend, the late Frank P. Foster, A.M., M.D., we note the following: "Antikamnia Tablets have been much used and with very favorable results in neuralgia, influenza and various nervous disorders. As an analgesic they are characterized by promptness of action, with the advantage also of being free from any depressing effect on the heart. As an antipyretic they act rather more slowly than antipyrine, but efficiently."

We are pleased at this expression of faith in the efficacy, promptness and absence of untoward after effects of this most excellent remedy and we feel that the statement applies not only to Antikamnia Tablets, but also to Antikamnia and Codeine Tablets.



### Announcement

The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., wishes to announce the opening of the second section of the fall classes on November 15, 1911. Applicants for this class are requested to report at 10 A.M. on this day for registration. If you have not sent in your application kindly do so at once. All branches of mechano-therapy are theoretically and practically taught in individual instruction by experienced teachers. Upon satisfactorily passing the final examinations a diploma will be awarded. Graduates who desire institutional positions register with us and can generally upon or shortly after graduation be provided with suitable positions. The beginning salary usually paid is \$50 per month and maintenance. At the present time we have over ten positions open paying up to \$75 per month and maintenance. Hundreds of our graduates have been placed by us in well-paying positions. We also place our wide experience at the disposal of those graduates who

desire to engage in private practice, and find for them the proper places to locate. Trained nurses with a thorough training in mechano-therapy will do much better in this line than in private nursing. The work is steady all year round, the hours of work are suited to your convenience, the remuneration is good for any one who does conscientious work.



### Sanatogen

More and more the intelligent nurse finds herself in full charge of the diet of her patients, the busy doctor being only too glad to leave this detail to a competent assistant. The questions of fat and carbohydrates do not usually offer much difficulty, cream, if fresh, and sugar, if pure, representing those factors admirably. When it comes, however, to the most important food factor of all, the protein, the nurse has heretofore often been in a quandary. Meat is impossible, the proteid vegetables are almost equally unavailable, gelatine offers only an albuminoid of little or no nutritive value, beef tea and broths are mere stimulants. Here is where Sanatogen fills the void to perfection. A compound of ninety-five per cent. of pure albumen with five per cent. of sodium glycerophosphate, Sanatogen not only supplies the protein in an easily assimilable form, but acts also as a powerful tonic to the nervous system, presenting to the nerve cells the *sine qua non* of mental and physical energy—phosphorus—in the shape most quickly available. The nurse is advised to send to the Bauer Chemical Co., New York, for literature and sample of Sanatogen.



### After Operations

After even simple surgical operations patients are almost always menaced by the manifold complications that are superinduced by the nervous or more or less debilitated state that is inevitable. Tonic treatment is always indicated, and nothing at a surgeon's command will give more substantial satisfaction to all concerned than Gray's Glycerine Tonic Comp. Under its tonic and reconstructive influence the vital functions are restored to normal activity and the nerve balance coincidentally reestablished. Thus does a patient receive the fullest benefits from surgical treatment and without the delay that so often is the despair of surgeon as well as patient. The lesson to every medical man doing surgical work is obvious, and the aid he can always secure from Gray's Glycerine Tonic Comp. after operations imposes an obligation not to be ignored.



# The Lastikops Bandlet <sup>in this</sup> Corset gives Better Abdominal Support

Than the Best Separate Abdominal Bandage that Can be Bought at Any Price

*Nemo*  
TRIPLE STRIP

## Self-Reducing Corsets

WITH LASTIKOPS BANDLET

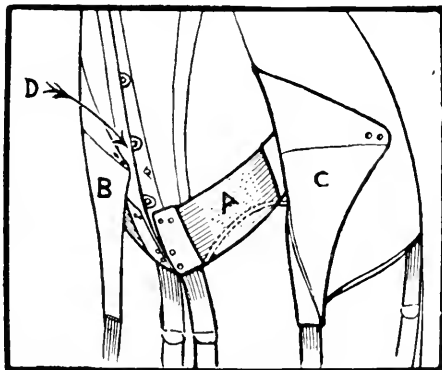
Although essentially a *style-corset* for women of stout or medium figure, these Nemos are being "prescribed" by eminent physicians for wear after abdominal operations (in place of the usual bandages); also for women of every figure who, for any reason, require complete, steady and sure abdominal support.

The Bandlet is made of Lastikops Webbing, a newly patented Nemo invention, and the only elastic fabric in existence that will wear long and retain its original elasticity. It is firm enough to give perfect support *from underneath*, but sufficiently elastic to insure complete ease and freedom of movement. Two models:

No. 522—Medium bust, long skirt----- } \$5.00  
No. 523—Low bust, long skirt----- }



Self-Reducing No. 522—\$5.00



- A—Lastikops Bandlet, the dots showing line of corset-skirt under the Bandlet.  
B—Nemo Self-Reducing Strap, closed.  
C—Nemo Self-Reducing Strap, open.  
D—Graduated Front Steel, tapering at top, broad and curved in at bottom.

In many cases these corsets do more satisfactory work than any separate bandage. The Bandlet, being a fixed part of the corset, *cannot slip out of place*. It prevents all bulkiness—in fact, *greatly reduces the figure*; and the wearer has a superior supporter (at a fraction of usual cost of same) and a fashionable, well-fitting and comfortable corset *all in one*.

Sold in Good Stores Everywhere.

*Illustrated Catalogue  
Mailed on Request.*

KOPS BROS., Manufacturers, New York

### The Test of a Tonic

The field and function of a systemic tonic is generally understood and appreciated by both physician and patient. To stimulate, whip or goad the vital processes is not to "tone" but, on the contrary, to ultimately depress. A real tonic is not a mere "pick-me-up," but some agent that adds genuine strength, force and vigor to the organism. The genuine tonic is a builder or re-constructor of both blood and tissue. Any agent which will increase the power of the blood to carry and distribute the life-giving oxygen is a tonic in the best and truest sense of the word. Iron in some form is an ideal tonic, as it builds up the vital red cells of the blood and the hemoglobin which is their essential oxygen-carrying element. Of all forms of iron, none is quite as generally acceptable and readily tolerable and simular as Pepto-Mangan (Gude). It creates appetite, tones up the absorbents, builds the blood, and thus is a real tonic and reconstructive of high order. It is especially desirable because of its freedom from irritant properties, and because it never causes a constipated habit.



### Dietetics in Nuerasthenics

To supply nourishment to the nerve cells in neurasthenics and allied conditions of illness is quite a problem, and has not been until lately thoroughly accomplished. Neurasthenia will not succumb to drug treatment alone but, under proper medication and nutrition combined, a most satisfactory result is obtainable. Proper nourishment alone will bring about a cessation of tissue waste and a healthy increase in vitality by supplying the elements of a proper nutrition to the vital centers. No matter what may be the true cause of the neurasthenic condition, the therapeutic measures ordinarily employed are not sufficient in the majority of cases. The truly essential materials necessary for the complete nourishment of the cells are obtainable in Bovinine. Many of the various phosphorous and iron compounds have a usefulness, but it is limited. They are often therapeutically uncertain because the nerve cells are unable to appropriate and utilize them in part. The phosphorous preparations are of doubtful utility, for the reason that such highly organic substance can hardly be expected to escape chemical change in the digestive system, thereby, in part at least, bringing about a disintegration. Much clinical experience has proven that the most successful system of fully feeding the nerve cells is through the administration of Bovinine, which acts not only as a stimulant but as a perfect food and tonic.

### "Nonpareil" Nurse Bag

Harvey R. Pierce Company, of Philadelphia, have the most complete bag for the trained nurse use, made of good leather and completely equipped with all the necessary appliances. If you already have your outfit you can purchase the bag without the fittings, and put in your own.

The successful nurse cannot afford to be without an up-to-date bag and equipments. Send for catalogue, giving prices of all kinds of appliances. See their advertisement for address.



### Nurses' Uniforms

Strawbridge & Clothier wish to call attention to their unusual facilities for supplying institutions with uniforms and uniform materials at especially attractive prices. They also have nurses' uniforms for nurses in private practice at reasonable prices. Send to them for price list. See advertisement in this issue.



### What Barley Do You Use?

Robinson's Prepared Barley, imported from England by James P. Smith & Company, is recommended by the leading children's specialists for use in cases where barley is required.

Barley water is so easily prepared from Robinson's Patent Barley, and a most delicious gruel is made from it with milk for adult patients as well as for children.

They have an excellent little booklet giving recipes for preparing barley in various ways. It is worth while to send for it. Write name and address plainly on post card. See advertisement in this issue for the directions where to send.



### Cold Cream and Its Uses

Have you sent for a trial tube of Daggett & Ramsdell's Perfect Cold Cream? If not, send today. Read their advertisement in this issue which tells you how to give a cold-cream bath in cases of bed sores, etc. No nurse can afford to be without a tube of good cold cream to keep her hands soft and in condition to handle her patient, for nothing is more irritating to a nervous, sensitive person than to be touched by a rough hand.



### A Testimonial

WATERBURY, CONN.

TO OGDEN & SHIMER.

*Gentlemen*—In return for enclosed please send me one jar of Mystic Cream. It is by far the best cream I have ever used. Yours truly,

(Miss) R. A. HUNTINDEN, T.N.

# The Trained Nurse and Hospital Review

VOL. XLVII.

NEW YORK, DECEMBER, 1911

No. 6

## Hospital Treatment of Communicable Diseases\*

DR. D. L. RICHARDSON

Superintendent, City Hospital, Providence, R. I.

WHEN I was asked to write a paper upon "The Hospital Treatment of Communicable Diseases," it was with some hesitation that I accepted, for the reason that our experience along the lines on which we have been working has not been sufficient to draw absolute conclusions. You will not readily agree with all I have to say, but I beg to call your attention to a matter of vital concern to all infectious disease hospitals and to the general hospital as well. It relates to the hospital management of contagious diseases and the diminution of cross infection.

As fast as research work gives to us the causative organisms in infectious diseases, their source, habits and longevity, so fast are we able to adapt this knowledge to the control of the diseases in question. Before Reed and his associates learned the method of transmission in yellow fever, all efforts were directed against fomites infection without controlling the disease. Two objects are now aimed at, to keep the mosquito away from the sick and the well, and to the efficiency of this method the nearly completed Panama Canal attests. Before the discovery of the plasmodium and its life history, the cause of malaria was supposed to arise from swamps, and protection against the exact carrier was entirely missed. To these may be

added the knowledge that tuberculosis is largely transmitted by sputum, cholera and typhoid by intestinal discharges, Rocky Mountain fever by the tick, Malta fever by the goat, and numerous other examples. In fact, all that has been learned to date has narrowed the number of air-borne diseases until there is very good reason to believe that air-borne infection plays a very small part in the dissemination of disease.

Of the so-called "contagious diseases," with which our hospitals usually deal, the etiology of only one, namely diphtheria, has been demonstrated, and with the possible exception of this the same ideas of air-laden infection are entertained about them. I want to present to you evidence from English and French hospitals and eighteen months' experience with this group in the Providence City Hospital to show that if they are transmitted by air at all it is to a very limited extent.

It was the French who were first to doubt the air-borne theory of disease and the importance of controlling contact infection. To Grancher, of Paris, belongs the credit of being one of the first to put these ideas into practice. He isolated contagious diseases in the wards of a general hospital. Wire screens were placed about the beds to indicate that certain precautions were to be

\*A paper read at the meeting of the American Hospital Association, New York, September, 1911.

taken in handling these patients. These precautions were based on the method of strict asepsis. From 1890 to 1900, among the 6,451 patients admitted to Grancher's wards diphtheria was introduced 43 times and only once did the disease develop in the ward; scarlet fever was introduced 19 times and seven cases developed. Less success was obtained with measles, although infections were reduced two-thirds. But the evidence was conclusive enough to convince Dr. Grancher that even measles was not spread by air.

The numerous infectious hospitals in England and France which have taken up the work have developed different methods of separating patients. Out of Grancher's method grew the "barrier" system. This is the method of isolating patients in a common ward. In the beginning the beds were surrounded by sheets kept wet with bichloride of mercury. Within this enclosure the patient's nursing articles were kept and asepsis was strictly observed when he was touched. At present the wet sheets have been dispensed with and a piece of tape is stretched about the bed. In one hospital two uprights are set on the floor, one on each side of the foot of the bed, and a cord colored to indicate the disease is stretched between. These signs are merely to indicate to the nurses that precautions must be taken.

Another method is the so-called cubicle system. The cubicles are small rooms with partitions more or less complete. In many instances the partitions are about seven feet high. They are of silicon plaster, glass, or a combination of both. The rooms are arranged on either side of a common corridor.

Still another method is the box, or room, system, in which separate rooms with complete partitions are used. These rooms may lead off on both sides of a common corridor or be arranged on one side of it.

The cellular-block system, developed at the Plaistow Hospital, London, consists of two

rows of rooms back to back; the partitions are complete and of glass. The doors from each row of rooms lead to an open-air corridor on each side of the building. The nurse must go out of doors to go from room to room, but can have her patients all in view from any one of them.

In the Plaistow Hospital Dr. Biernacki has been using the barrier system extensively, as well as the cellular-block system. In the barrier system the beds are placed a considerable distance apart. Two upright standards are placed on either side of the foot of the bed and between them is stretched a cord to denote that precautions are taken. Each patient has his own nursing articles within the barrier and the nurse dips her hands in disinfecting solution after handling the patient. In a recent letter he states that it would be a great advantage to have a wash basin supplied with hot and cold water between each two beds for washing the hands.

Dr. Biernacki writes that he would isolate the following diseases with the barrier system: 1, diphtheria; 2, whooping cough; 3, mumps; 4, rubella; 5, typhoid; 6, septic infections; 7, ringworm, except when not additional to scarlet fever.

They do not attempt to isolate measles or chicken pox, and hesitate to do so with scarlet fever. In their cellular-block system they treat all the above diseases and typhus also. The nurses pass from one room to another, observing aseptic precautions. In the block there has been no cross-infection in three years.

He quotes no statistics relative to his barrier work, as they have not reached a final decision as yet. A series of articles on the nursing of infectious diseases by Dr. Biernacki will be found in the *British Nursing Times*, May 16 to December 12, 1908.

Dr. F. Foord Caiger, medical superintendent of the Southwestern Hospital, London, reports on eighteen months from

January 1, 1907, to June 30, 1908, upon the cubicle system. The partitions are seven feet high, the lower half being granite silicon plaster and the upper half glass in a metal frame. 704 patients were placed in these cubicles, of whom 289 were scarlet-fever convalescents who were placed in them two days and nights before their discharge. The remaining 415 were isolated in them for the following reasons:

- a. The original diagnosis was uncertain.
- b. The disease, though recognized, was one that called for separate isolation.
- c. The patient had been exposed to another disease prior to admission and therefore was possibly incubating a second disease.
- d. The patient was suffering from more than one infectious disease.
- e. The disease was obviously of a non-infectious nature.

In addition to the 289 convalescent scarlet-fever cases referred to above, the following diseases were placed in the cubicles: 163 cases of scarlet fever in the eruptive stage of the disease; 82 cases of rubella; 22 cases of measles; 31 cases of diphtheria; 17 cases of whooping cough.

Of these 704 patients, 20 contracted a second disease in the cubicles. Three of this number, however, were incubating the disease on admission and a fourth was infected by a ward maid who was suffering from diphtheria. Of the sixteen diseases arising in the cubicles, six were scarlet fever, six were chicken pox, two were rubella and two were measles. In two instances (one chicken pox and one measles) there had been no recognized case of the same disease previously in the ward for a period of six weeks and two months respectively. Thus only fourteen persons apparently contracted another disease from patients in the cubicles. It will be seen that no case of whooping cough or diphtheria developed. Dr. Caiger concludes that of all the diseases mentioned above, chicken pox is the only

one which he has ceased putting into cubicles, because of the six cases arising in the first six months of the period reported on.

Dr. Thompson, of the Northeastern Hospital, London, reports on an experience of two years with the cubicle and separate-room system. To the cubicles 1,290 patients were admitted. The following cross-infections have developed: scarlet fever, five times; rubella, three times; measles, twice; whooping cough, once; chicken pox, three times; diphtheria, twice.

His conclusions are rather conservative. During the last twelve months he placed in the cubicles doubtful cases of scarlet fever and diphtheria and is adverse to placing other infectious diseases in them.

To the box rooms 660 patients were admitted suffering from the various infectious diseases save chicken pox. The following cross-infections developed: 6 cases of scarlet fever; 3 cases of rubella; 2 cases of measles; 1 case of whooping cough; 3 cases of chicken pox.

Other hospitals which are doing aseptic nursing are the Pasteur Hospital, Herold Hospital and Hospital des Enfants Malades, of Paris; the Monsall Hospital, in Manchester, England. I understand that the work is just beginning in Germany.

The Pasteur Hospital has, I believe, a very excellent equipment and is doing very efficient work with the cubicle system with aseptic nursing.

I will now offer for your consideration an experience of eighteen months, March 1, 1910, to September 1, 1911, at the Providence City Hospital with aseptic nursing of infectious diseases. Both the separate-room and barrier systems have been employed.

Patients are accommodated in three parallel-situated, two-story buildings, one each for diphtheria and scarlet fever, and one an isolation building so-called for all other infectious and mixed cases. Each floor of the diphtheria and scarlet-fever

buildings is divided into a ward of twelve beds and seven or eight rooms arranged on either side of a central corridor. These latter vary in size, containing from one to five beds. The ground floor has also an admitting room, connecting with a doctor's gown and wash room and a patient's bath. The large number of small rooms furnishes the opportunity for isolating mixed or doubtful cases and for detaining new cases a certain period of time before they are allowed with convalescents.

On the first floor of the isolation building are twelve single rooms arranged on either side of a central corridor. Ten of them are arranged directly opposite so that the doors open opposite to each other. Beside each door and opening into the same room is a full-sized window which permits of better observation of patients by the nurses and keeps the patients better contented by permitting them to see their neighbors across the hall. The partitions rise to the ceiling, and are of studding, lathing and plaster. Each room is provided with a wash basin without any plug in it, and levers to be operated by the forearm to turn on hot and cold water, which escapes through a single spout, mixed to the desired temperature by operating the levers. There are two hooks on the wall, one for the doctor's gown and one for the nurse's gown. Over the wash basin is a horizontal, nickel-plated rod for hanging the towels. There is also a small, high shelf for thermometers, etc., which must be kept out of the child's reach. The walls of all the ward buildings are painted with an enamel finish so that soap and water can be freely used without damage. This floor also has its serving kitchen, toilet and bathrooms. In the serving room is a large utensil sterilizer for sterilizing dishes, medicine glasses, etc., which come from the patients.

The construction of the second floor is the same, except that the rooms contain from one to five beds, making it possible to ac-

commodate in the same room several patients isolated for the same purpose.

The doors to all the rooms in the isolation building are always left open unless there is some unusual reason for closing them.

The dormitory for nurses is in the administration building, that for female help in the service building, and for male help over the power house and laundry.

The administration of the hospital has been worked out along the lines of avoiding contact infection. It has been our aim to avoid cross-infection and infection of employees by strict asepsis. Every new nurse and employee who has to go into the wards is thoroughly impressed with the idea that if he gets sick it is most likely his own fault and probably due to putting his fingers or something else contaminated in the ward into his mouth. They understand that if any cross-infection develops they are liable to investigation as to the care they exercise in their work. The following set of rules is posted in all nurses' and employees' rooms:

#### TO AVOID TAKING AND CARRYING INFECTION.

Keep fingers, pencils, pins, labels and everything out of your mouth.

Keep and use your own drinking glass.

Do not kiss a patient.

Wash hands often, and always before eating.

Keep out of doors as much as possible and always sleep with window open.

Do not touch face or head after handling a patient until hands are washed.

Do not allow patient to cough or sneeze in your face.

Do not allow patient to touch your face.

Do not eat anything that patient may wish to give you.

If taking a drink or lunch be sure and use the nurse's dishes.

Put on gown or change uniform when going into the ward.

On leaving ward always wash hands.

Always remember that infectious diseases are taken and carried by contact and *not* by air infection.

*(To be continued)*

# Opportunities for Missionary Work in Private Nursing

ANNE E. PERKINS, M.D.

VERY often I hear patients say that they know how to do this or that, because a trained nurse showed them, and there are many little things that can be taught to the family without the nurse being aggressive or tactless, or in any way antagonizing them or displacing the physician. It seems to me it is a real duty to instruct some apt member of the household in bed-making with the patient in bed; so often people have no idea how to make a bed unless the patient sits up. I recall a case of empyema of the thorax, where the patient was to be prepared for operation and cared for in a country house, upstairs, and as the nurse was being driven there the doctor told her he depended on her to educate the family and change the conditions of the patient's room—that they were prejudiced and ignorant of matters of hygiene. The patient had had measles and pleurisy, with effusion, which became purulent. She was running an even temperature of  $105^{\circ}$ , and sweating profusely. The room was hermetically closed, every window fastened, the temperature  $80^{\circ}$ , with an air-tight stove red hot. The floor had not been swept since her illness. Her hair was a tangled mass. She was dressed in an outing flannel night dress, heavy undervest and two flannel chest protectors, had had no bath in one or two weeks, was on a *feather bed* with several *comforters* over her, covered tightly. She did not wish any nurse and was not amenable to reforms.

However, the windows were opened, the fire reduced so that the temperature was  $60^{\circ}$  to  $65^{\circ}$ , comforters removed and used on an old-fashioned clothes horse as screens (the family were so agitated when a window was opened that they fairly wrung their hands, though it was explained to them that a pa-

tient with this fever could not take cold), the feather bed was discarded for a mattress, blankets substituted for comforters, the chest protectors and undervest removed, a bed pan borrowed (patient was getting up), hair soaked in alcohol and combed, patient bathed and rooms swept with a broom wrapped in a damp cloth. It took two days to effect these changes, and inflexible matter-of-factness in proceeding. They were shown that even heavy hair can be daily combed by parting and doing in two braids, with patient's head on the pillow. That she could be bathed daily without harm and with benefit. That in all respiratory diseases the more air the better, that she was being made uncomfortable and weakened by the efforts to keep her from taking cold, and gradually converted to the proper view during her long illness and operations for aspiration and later resection of ribs.

Any one can be shown how to give a blanket sponge bath, how to take temperature and pulse, to give castor oil in a sandwich, so it is not nauseating, to sweep without dust, that the presence of menses is far from contra-indicating a bath. That people must *undress* when they go to bed, and not retain an undervest worn during the day, as a surprising number of people do.

Education is very necessary along the lines of ventilation in living rooms and sleeping rooms, and as to *diet*. There is a lamentable ignorance among otherwise intelligent people about nourishment and digestibility of foods. Another needed reform is to discourage the use of patent medicines and, above all, the use of cathartics and deadly headache powders. Much can be done casually and unobtrusively. In obstetric cases the mother should be taught, espe-

cially, not to feed the baby too often, or take it up whenever it cries. Books may be loaned while on the case or recommended for purchase.

Many times the nurse can arrange with the doctor to give certain orders that will have more weight, and she may say the *doctor would not wish* company, or this article of diet, etc.

Simple physical culture exercises may be shown. Much influence may be brought to bear on people to dispel the prejudice against hospitals and surgery, that operations are not to give the surgeon the pleasure of "cutting up people" or making a large fee. I am sorry to have heard patients say they thought of being operated upon until the nurse advised against it, and told of terrible cases she had seen that were fatal or well-nigh so.

The simple things like giving an enema or douche women do not know. Instead of lying during the process they sit on the hopper and get no result, but pain and tenesmus from the enema and only slight cleanliness from the douche.

Make the women understand the use of the douche, the real effect desired, and explain to her Douglas's cul-de-sac and the "washerwoman's hand." That the first effect is to bring *more blood* to the inflamed part and so, if it is too rapid a process, the patient is made worse. That the water

must be in contact long enough to get the *parboiled*, shrunken effect, and not merely the redness of the quick plunge.

A simple explanation of germs will dispel the old-fashioned idea of "taking cold" in cuts and wounds, and any one can be shown how to apply a simple dressing or bandage. These and countless other things the nurse can and should teach.

Most people frightfully overheat their rooms and then wonder why they take cold so easily. The laity as a whole has an idea that a cut or deep burn or ulcer must be plastered with some sort of "salve." Teach them that a cerate has no place on an ulcer and only retains secretions and makes it worse.

Explain *why* you do certain things, as why gruel is cooked a long time, why "beef tea," as usually made, has no nutriment in it, why fresh bread is harder to digest. Show how to rub a patient's back, how to help a sick person out of bed, or to sit up, how to move a helpless case, to lift without bringing all the strain on the back, how to change night dress, etc.

The *way* these things are told is the difference between being considered a starched, didactic, overbearing, superior person at whose departure the family breathes a sigh of relief, or "one of the family," and a future firm friend to whom the family refer with affection and gratitude.

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### CHRISTMAS IN THE HEART

Only those who really celebrate Christmas in the heart—only those, after all, can know the true Christmas. But for them, above the pealing of the bells, above the music of the chimes, there sounds an inner harmony—a melody so sweet, so clear that all the highways and byways of earth flash with unexpected radiance. Light, song, beauty everywhere when it's Christmas in the heart.—MARY C. LOW.



# The Angels' Song Today

RALPH WELLES KEELER, M.A., B.D

THE shepherds on the hillside of Judea were privileged listeners to the angels' song on earth's first Christmas morning. The beauty of that song and the life-strengthening message that they heard have been borne down the centuries as life's most precious heritage.

For it takes no urging to sing with Josiah G. Holland:

"There's a song in the air!

There's a star in the sky!

There's a mother's low prayer,

And a baby's low cry!

And the star rains its fire while the beautiful sing,

For the manger of Bethlehem cradles a King!"

The heart leaps with an universal emotion as one thinks thus exultingly of the Christ. And a desire, half-thought and wholly unexpressed, to be back in those wondrous days, begins to grow.

It is because of this yearning that we need to keep our hearing acute, in order that we may hear the angels' song today. For we are not dependent on the shepherds' tale of heavenly anthem for our hearts' real joy in the Christmas morning. Our own day—in its rush, its hurry and its oft-forgottenness of the humanities of life—our own day hears the song of the ages. It is, however, pitched to a different key—often with minor strains in it—and it reaches us not on the romantic hills where sheep and shepherds spent the night, but in the city's roar and din,

"Where cross the crowded ways of life,

Where sound the cries of race and clan;

Above the noise of selfish strife

We hear thy voice, O Son of Man!"

Yet it is the same song, "Peace on earth, good will to men." And it brings the same demands—a life changed so by the love of

God as to manifest life's reciprocal love for Him in service to one's fellow men.

The city has yet its drama in real life. Comedy and tragedy follow each other across the life stage. But there is in both a touch of the memory of the song of songs. The present-day angel is flesh and blood—flesh and blood consecrated to service for the One whose birthday Christmas is. The mother, weary at her toil; the father, struggling for existence; the maiden, bearing love's message to the aged and the sick; the nurse, the deaconess, the minister. It is not in the classification; it is in the reality of the service. And that service emphasizes the Christmas joy. For the heavens still open, and the night is alive with God's choristers chanting their holy praise.

The vital part of any message is found in its practical application. The angels' message of Christmas morning becomes vital only in this way. To sing its anthems, and repeat its wondrous story, may stir the emotions and arouse the listless to enthusiasm, but it all passes by with the change of the calendar. To practise its message of peace and good will, carrying these virtues into the ramifications of the ordinary busy life—that is to preserve the reality of it all, and to make it a force in the world.

One Christmas morning, in the quiet hour before the day has overcome the night, a young man lay on a bed in the Methodist Episcopal Hospital, in Brooklyn. As he lay there and thought of that morning years and years ago, and the strange experiences that came into the lives of those Judean peasants who heard the song first, there seemed to come to his ears the same old song that they heard. Softly it came at

first, then louder—the voices all soft and sweet—it passed the door and grew faint again in the distance. He felt moisture on his cheek, and behold his face was wet with tears. For the nurses in singing the Christmas carols had interpreted for him the meaning of earth's first great Christmas chorus. "To preach good tidings to the poor; to proclaim release to the captives, and recovery of sight to the blind; to set at liberty them that are bruised, to proclaim the acceptable year of the Lord."

And when the morning finally came, he looked up from his pillow with a new conception of what it all means; for, while his face glowed with the joy of Christmas, his heart caught its fire and sang:

"We rejoice in the light,  
And we echo the song  
That comes down through the night  
From the heavenly throng.  
Ay! we shout to the lovely evangel they bring,  
And we greet in his cradle our Saviour and King!"

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## Under the Holly-Bough

BY CHARLES MACKAY

Ye who have nourished sadness,  
Or injured friend or brother,  
In this fast-fading year;  
Ye who, by word or deed,  
Have made a kind heart bleed,  
Come gather here!

Let sinned against and sinning  
Forget their strife's beginning,  
And join in friendship now.  
Be links no longer broken,  
Be sweet forgiveness spoken  
Under the Holly-Bough.

Ye who have loved each other,  
Sister and friend and brother,  
In this fast-fading year:  
Mother and sire and child,  
Young man and maiden mild,  
Come gather here.

And let your heart grow fonder,  
As memory shall ponder  
Each past unbroken vow;  
Old loves and younger wooing  
Are sweet in the renewing  
Under the Holly-Bough.

Ye who have nourished sadness,  
Estranged from hope and gladness  
In this fast-fading year;  
Ye with o'erburdened mind,  
Made aliens from your kind,  
Come gather here.

Let not the useless sorrow  
Pursue you night and morrow,  
If e'er you hoped, hope now.  
Take heart—uncloud your faces,  
And join in our embraces  
Under the Holly-Bough.

—Ex.

# Skilled Nursing for Country Mothers

KATE LINDSAY, M.D.

**G**REAT advance has been made in the prevention and treatment of puerperal fever and other infectious disorders and accidents which half a century ago used to make the lying-in hospital a menace to the life of every parturient woman within the walls of these institutions, in some epidemics of puerperal infection the mortality reaching the startling proportions of 40 to 80 per cent. Under sanitary regulations and the proper use of prophylactic measures these same hospitals today care for hundreds and even thousands of parturient women without a single case of fever or infection. In the early half of the nineteenth century physicians would rather risk attending a woman in labor in the meanest hovel than incur the greater danger of death from hospital infection. Today the best and most noted obstetricians would prefer to deliver their patients in the hospital, even the well-to-do, than surrounded with every home comfort and luxury in their own dwellings. In the city the poorest can have the advantages of the hospital, the service of skilled physicians and the care of the experienced trained nurse.

In the country much obstetric practice is still primitive. Often the only help the country mother has at that time is that of some neighbor, who herself has borne a number of children, or some self-appointed old midwife, ignorant of the first principles of cleanliness and an unbeliever in all antiseptic measures. Dr. De Lee, in his book, "Obstetrics for Nurses," states that 7 per cent. of all the deaths of women between twenty and forty years are due to some form of puerperal infection, while thousands more wives and mothers live lives of semi-invalidism from lack of proper care during childbirth and the lying-in period, while one-third of all the blindness in the nation is due

to the ignorance and carelessness of those who care for the infant at the time of birth and the first few weeks afterward. It is a humiliating fact that while the death rate from puerperal infectious disorders has lessened until puerperal fever has been almost banished from the hospital, yet the death rate in private obstetrical practice the country over is as great as it was three decades ago. One has only to live a short time in any rural community to become acquainted with the number of families who are motherless because of the premature, preventable deaths of women in childbirth or within the first month afterward, to say nothing of the many others who, as they express it, have never seen a well day since the birth of their first child. The services of the trained nurse are surely needed in this extensive field, where thousands of children are born yearly, and which is considered to be the place where strong, stalwart men and women are bred and reared. The country practitioner needs the help of an intelligent assistant upon whom he can rely for help, for he cannot always make the necessary aseptic preparations for a confinement case. Unlike his city brother he cannot turn over his septic and infectious cases to some other practitioner, or call in the specialist to help him, or have the patient removed to the hospital. The country doctor may be away from his office when the call comes, treating a case of diphtheria or erysipelas or lancing a carbuncle, miles from home and no time to return for an antiseptic bath or change of raiment. At the house of the parturient woman there may be no provisions made for sterile water or any other preparation for a thorough cleansing of the physician's person. If the trained nurse could go beforehand, for even a few hours, how much could be done to help the busy medical man and

make it safe for him to handle the case. Often there is need of a thorough cleansing of the patient, her clothing and her bed. Boiled water should be prepared and kept in sterile vessels well covered, cleansing solutions for the physician's hands, and a sterile gown in a germ-proof case be in readiness, as well as sterile rubber gloves, towels and all other appliances necessary for surrounding the patient with an antiseptic atmosphere; instruments boiled and ready for use and sutures, pads and sponges always in readiness for service under any emergency. The country doctor never knows what he is to meet with, or what operation he may be called to perform, and often has no time to call in the aid of another physician to administer the anesthetic or give any counsel or help. An experienced nurse who has some knowledge of the proper methods of giving chloroform or ether, and who knows when the pulse and respiration indicate danger, may be of great help at this time. The child may be still born and need resuscitation, and at the same time the mother's life be in danger from hemorrhage or some other complication which forbids his attending to the baby's welfare. The writer has experienced the assistance of a competent nurse's services in just such emergencies, one who understands and could skilfully practice some method of artificial respiration and use other measures for reviving stillborn infants and saving human life.

For the country wives the trained nurse could also do much good by instructing them how to care for themselves during pregnancy. So many young expectant mothers know nothing about caring for their own health during this time. She could help the patient to avoid many of the discomforts of early pregnancy by hygienic suggestions as to food, dress, sleep, exercise and out-of-door life. The writer has known cases of severe morning sickness and headache to be entirely cured in a few days by keeping away from kitchen odors and sleep-

ing out of doors alone on a screened porch. Leg ache may be often much relieved by well-fitting, broad-soled, low-heeled shoes, and a well-fitting abdominal supporter and bandaging. The nurse can cheer the young expectant mother up who is suffering from despondency. Cheerful, hopeful suggestions are often of untold therapeutic value to a patient who is worrying over all the unusual mental and physical changes of mind and body from which she is suffering. The country woman cannot often consult her physician, who may live many miles away, and even cannot always be consulted by telephone on delicate matters pertaining to her pregnant state. Many little things which worry her seem too trivial to ask him about. A call now and then from a nurse or an encouraging letter often helps to dissipate the clouds of melancholy and give the woman courage to go on hopefully to the hour of her delivery.

The nurse can also watch for complications. Blinding headaches, not relieved by ordinary measures, partial blindness, scant, cloudy urine and puffiness under the eyes would lead the experienced nurse to suspect some serious kidney complication, and if heat and nitric acid gave a precipitate it would indicate that no time should be lost in consulting her physician. This should be done tactfully, so as not to alarm the patient. There are many children who have suffered in infancy from more or less slight attacks of rickets and as a result have contracted misshapen pelvises. This is a serious condition and should be known before the pregnancy is far advanced, so as to prevent the sacrifice of the life of mother or child. The nurse who from external inspection suspects that a patient may have an undersized or contracted pelvis could tactfully advise her to have an examination on general principles, and also call the physician's attention to the matter without imparting any ideas to the patient to excite her fears.

Then there is so much young expectant mothers need to know about the care of themselves and how to treat and manage the baby, that there is no limit to the extent of help the intelligent nurse can be to mothers in all stations of life, especially the country mother. At present the city is oversupplied with nurses and the country almost destitute of trained service during illness. Provisions have been made for the city slum dwellers to have skilled nursing during the lying-in period, but no system has yet been made practical for securing the same intelligent care of the farmhouse mother. The nurse and her sister women of this country have not yet come into proper relation to each other. There is an effort being made to merge the old district schoolhouse into a larger, better equipped central township building, with better teachers and higher school grades. Why not some such central country nurses' home established in country villages or small towns, avoiding too close proximity to each other, and an effort made to educate the country wife and her husband up to the point where they will appreciate the need for good care for mothers and infants in the country, as well as the city. Today the country woman will often refer to her pioneer mother and grandmother, who bore large families of children without the services of either a trained nurse or a doctor, and were about in a few days, doing their housework again. While this was true of many exceptionally strong women, the writer can remember many mothers who died at childbirth among pioneer women who might have lived had they had proper care and been protected from the dangers of infection by proper medical supervision and nursing. In two families the mothers died at childbirth from diphtheria infection contracted from their children ill with this deadly infectious disease, a sick child in bed with each mother up until her labor began, and taken back to her again as soon as it was over. Another died of scarlet fever infec-

tion, scarlet fever being in the family and the mother doing the nursing. Another mother lost her life because an ignorant midwife did not recognize a malposition in time to save the life of mother and child, and medical aid came too late. In these far-off days the mothers who died early have been forgotten, no record of deaths or births being kept.

There are many fields already entered by the trained nurse where she is doing good work, the one least occupied being the country. This field is wide and varied in its peculiar nursing needs. There are the comfortable homes of the well-to-do farmers and those of the one or two-roomed homesteader, down to the sod hut and dugout. Children are born and mothers and children die in all of these homes from avoidable causes which skilled nursing would do much to prevent. Out in Nebraska there has just been an extensive epidemic of infantile paralysis in a farming community, involving two or more counties. This disorder could have been limited to the first few cases by proper nursing and quarantine. Truly the city slums are not the only places where congregate hundreds of foreign emigrants. The plains of our Western States are full of Italians and Slavs, and they live in a very primitive style, and often there is much overcrowding, even if there is only a family population congestion in a hut. The obstetric nurse's services are needed among such as much as among the same classes of the sweat houses of our great commercial centers. In such a settlement the hourly nurse might find work and do much life saving by proper preparation and cleanliness at childbirth and looking after daily or two or three times a week afterward. She could report any symptoms of infection in either mother or child and thus save life, loss of eyesight and much after-life suffering.

The whole subject of skilled nursing for the country mother may be summed up in the need of the country practitioner for a trained helper.

# Electric Shock—Second Paper

MARY A. CLARKE, BELLEVUE

IN ADDITION to deaths by lightning we now have death and injury from industrial electric currents. There is a great difference in the power of resistance of different individuals; some have been killed by contact with 110 volts, while others live after contact with several thousand.\* Women and children are more susceptible to the electric current than men, and susceptibility is greater when there is a low state of vitality or a heart affection.†

Injuries by the electric current may be classified as follows: burns, puncture of tissues, necroses, hemorrhages, edema, "lightning marks," metallic impregnation of the tissues.

The general effects are loss of consciousness, paralysis, disturbed respiration and cardiac action and high temperature.\*

Artificial currents of electricity produce effects similar to those of lightning, and they must be treated in the same way. When a person has come in contact with a live wire and is insensible or unable to help himself the current should be cut off immediately. If this be impossible, put on rubber gloves, stand on a dry board, and try to remove the wire from the person's body or pull him away from the wire. If rubber gloves are not at hand, use a rubber sheet or rubber coat, or take two very dry sticks, such as canes, and use them like a pair of tongs, or two thick rolls of dry woollen cloth. Carry the victim by his clothing if possible; do not touch the uncovered parts of his body. In some cases the mere lifting of the body from the earth will interrupt the current. But if you know that high voltage caused the shock, get help from the nearest power house, and in any case send at once for a doctor.

The condition after electric shock is similar to that after drowning, and the mode

of resuscitation the same. Even if apparently dead the case should not be considered hopeless; men have been resuscitated after ten hours of hard work. Begin artificial respiration, and keep it up for at least three hours.‡ The room should be kept quiet and well ventilated, the clothing loose, a pillow under the shoulders, but the head a little lower. Apply heat to the body by means of hot-water bags, bricks or hot blankets, but *no heat to the head*. The feet should be wrapped in hot, *wet* flannels. Massage of the abdomen and left side over the heart may be tried, and friction to the ankles and feet, but there must be no exposure or chilling of the body. Give no fluids until consciousness returns.

In profound electric shock the prognosis is good if there is any perceptible heart action. When not killed, the majority of the injured suffer from serious burns. The electric burn from contact differs from the burn caused by a flame or scalding water; it is very deep, usually to the bone, destroys the tissues it passes through, and circulation in the part ceases. The process of repair is very slow, and healing requires months instead of weeks as with ordinary burns.

Sometimes an electric shock produces merely spasms. Until the doctor comes, the best thing to do is to put the person in a hot bath or sponge him with hot water.

The treatment of suspended animation from electric shock is the same as the resuscitation of the drowned. The *Electrical World*§ recommends a mode of artificial respiration which has been adopted by the Royal Humane Society of Great Britain, the Royal Life-Saving Society and the Coast Guard of Great Britain. We quote it as follows:

Without a moment's delay in loosening clothes, drying, warming or shaking water out of

\*Dr. E. A. Spitzka, "Resuscitation of Persons Shocked by Electricity," 1909.

†Report of National Electric Light Association, Chicago, 1903.

‡*Electrical World*, January, 1908, page 9.

§*Electrical World*, October 17, 1908, page 837. See this mode also in *Colliers*, September 12, 1908.

the lungs, the person is laid on his stomach in a level place and his face turned to one side so that his nose and mouth are clear of the ground. Then the operator kneels, either by the side of or astride of the patient's hips, facing toward his head, places both outspread hands upon the small of the back just over the shortest ribs, and pitches his body and shoulders forward, so as to bring the whole weight heavily upon the body of the victim. This downward pressure should take about three seconds. He then swings upward, lifting his hands off suddenly and quickly. The elasticity of the ribs and of the contents of the abdomen cause the chest to expand. In three seconds more the process is repeated, and so on, indefinitely, making ten or twelve of these movements per minute. The position allows the tongue to fall forward, and any mucus or water which may be present in the lungs to readily escape through the mouth. By simply swinging backward and forward, throwing the weight of his body upon the waist line of the victim, any operator of most moderate strength can gain a sufficient inflow of air, flowing in and out through the lungs of the patient, to supply him with as much air as would be taken in if he were able to breathe voluntarily. Promptness in beginning the pumping operation is imperative.

Recovery from the shock is sometimes very rapid. A case is reported of a man receiving a shock by grasping a live wire. He was insensible, his face black, the tongue protruding. Artificial respiration restored him to consciousness, and an hour and a half later he was able to walk, although he had sustained 14 burns and was four months recovering.

Workmen sometimes receive a blinding

flash directly in the eyes. An oculist should always be consulted, but, in the meantime, the eyes can be bathed every hour with warm boracic-acid solution.

At a convention of the Western Association of Electrical Inspectors held in 1907 a report was presented by the chairman of the committee on public safety. It was shown that 25 per cent. of serious accidents to linemen and stationmen are at voltages under 300, which are usually, but wrongfully, considered to be without danger. Nearly 30 per cent. of all electrical injuries happen to persons in no way connected with electrical work, and result from fallen wires, injuries in street cars and from unauthorized persons and children tampering with fittings.¶ About 25 per cent. of all electrical accidents happen to motormen, who work near electric wires.

While injuries from industrial electric currents are very common, the percentage of fatalities is exceedingly low. The disability reports of one of the large electrical beneficial associations show that of 220 accident cases of all kinds only one was fatal. One of our best-known life insurance companies tells us that it has had but one death claim from lightning in all its history, yet this same company will not insure electric linemen nor any electrician who handles a high-power voltage—that is, above 800 volts.

¶ *Electrical World*, November 21, 1908, page 1,123.

### KINDLY SILENCE

The kindness of silence is something we might all bestow much oftener than we do. Granted that we do not indulge in scandal, that when we know of the distress and humiliation that has befallen a friend's household in the wrongdoing of one of its members we tell the tale very pityingly with every extenuating circumstance—yet why tell it at all? If it were one of our beloved that had stumbled into sin and disgrace, if one dear to us had yielded to sudden temptation, if our home had been rent with bitterness and dis-

sension, would not the first impulse, a right and natural impulse, be to hide the hurt and stain from every human eye? Would we not bless the friendship that so far as possible closed its eyes and sealed its lips, and that could be trusted not to repeat what it perforce had seen and heard?

Surely this is a place where the Golden Rule might have much wider practice than it has—the shiekling of others by silence as we would have our own shielded!—*Selected*.

# The Tuberculosis Nurse and Her Work

MABEL JACQUES

(Paper II)

WHETHER caring for a patient in his own home, for numerous ones in district work or those in a private or free sanitarium, one must always remember that the essential feature of tuberculosis work must be prevention. It is, of course, necessary to do all that is possible to bring about the cure of one's patients, but in this day it is not altogether the cure that is looked to as an ultimate result. If the patient comes under medical care in the early stage of the disease, with favorable surroundings and an amenability to treatment a cure is very likely to be accomplished. Unfortunately, however, quite frequently the disease is not recognized until it has advanced so far that no result can be hoped for beyond arresting the process so that it shall not cover a larger area. The redeeming feature of such a situation is the opportunity which it affords of instituting preventive measures at the same time that treatment is being carried on.

To convince the patient and his friends that the disease is communicable is the first step, and this is quite frequently a difficult matter, and one requiring much perseverance and tact. Even at the present day, despite the educational campaign which has been carried on in such a widespread manner, many of the old prejudices regarding the disease still exist. Although not to such a great extent as in former days, both the patient and his family usually object at first quite strenuously to the severe measures which constitute the treatment. The partial isolation which is necessary is also objected to, and another difficulty encountered is hesitancy in admitting that the patient really has tuberculosis. To insist upon the required number of hours of rest in the open air, to arrange for proper and sufficient diet and to provide for the patient's being

kept free from worry are far from being easy achievements.

A situation such as the following is quite likely to confront the district tuberculosis nurse:

A family of eight is reported. Upon her first visit the nurse finds that it consists of a father, mother and six children. The mother has just been diagnosed a "moderately advanced." The father has but lately obtained employment, after having been out of work for some time past, and, in consequence, the money he is now earning is being used largely to pay debts contracted during the unemployed period.

At first neither husband nor wife will listen to reason. They feel immediately that the main object of the nurse's visit is to break up the family. As a matter of fact, this is quite necessary, but it cannot be arranged for, or even hinted at, in the first visit. The confidence of these people must first of all be gained, and as they are foreigners it takes much tact to accomplish this. But through interest in the children and in the little details of the family life the nurse gradually wins her way into the hearts of these poor people. And all the while, little by little, she is working for the ultimate end which she has in view. The windows are being opened, the children are being trained to help their mother and relieve her of certain duties in order that she may have more time for rest. A cure chair arrives, in which she may comfortably take that rest, and warm clothing and blankets are provided, so that the rest may be taken in the open. It may be asked just where "the open" is in the crowded section in which a family of this kind would be likely to live. There is only a tiny little yard, but it affords room enough to place a cure chair,



protected by an improvised shelter of awning, which the nurse provides.

A cot and mattress have been lent, also, in order that the patient may sleep alone. Special dishes have been set aside for her, cups, knives, forks and spoons being inconspicuously marked by a little piece of colored string. Sputum cups and paper napkins, which can be burned, have been supplied, and the patient's diet increased by milk and eggs, provided by the district-nursing association. The patient, meanwhile, is improving, the attitude of the family has changed, the nurse is looked to for advice, the other members of the family have been examined, and a careful watch is being kept over them lest they develop the disease.

To satisfactorily complete the treatment, the patient should be sent to a sanitarium, for there are certain duties in the home which she feels that she must attend to as long as she remains there. The matter is presented to the husband. Having already learned the wisdom of following the advice given by the nurse, he consents to the plan. The patient is sent to a sanitarium, the children are placed temporarily in a home where the father, assisted by a charitable organization, pays for their maintenance, and after a period of several months the family are again united and sickness is with them a thing of the past.

In caring for tuberculous cases one should make sure that the patient is properly clothed. This does not mean that he should be overclad in warm weather, but that his clothing should be sufficient to prevent him from contracting cold. In cold weather he should wear warm but not heavy garments; the latter tire the patient, and because a garment is heavy it does not necessarily follow that it is warm. There are many devices for keeping patients warm who are taking the outdoor treatment—sleeping bags, hoods, bed socks and various other articles, many of which are now obtainable at the department stores. The patient's

bed should always be thoroughly warm before he gets into it. This is quite easily accomplished by placing hot-water bags between the sheets or blankets half an hour or so before the patient retires. If the bags are not available, tightly corked bottles filled with hot water, heated flatirons, bricks, stove lids or any other articles that will retain heat wrapped in newspaper and old flannel may be used. A patient getting into a cold bed is likely to become so chilled that he is unable to grow warm again, no matter how much covering is provided.

Rest is an important part of the cure. There are, however, various kinds of rest, and the nurse must be sure that it is the right kind which she is helping her patient to obtain. The reclining position, with shoulders, head and chest elevated so that the lungs may have sufficient space in which to expand, is the proper method. The so-called "cure" chair, or an ordinary deck chair, both of which are purchasable at reasonable prices, are appropriate, and something of the sort is really necessary, for sitting upright in a straight-backed chair is of absolutely no advantage, while lying constantly in bed is tiresome. The patient should never be allowed to take any exercise, either walking or physical culture, unless it has been ordered by a physician, for quite frequently when to all appearances the patient is in very good condition a little overexertion will bring on a hemorrhage or other serious complication. The patient's temperature should be carefully watched, and if there is an elevation exercise should not be allowed.

Milk and eggs appear to have become the proverbial diet for the consumptive. If the patient is too poor to provide these himself, they may be obtained, on the recommendation of the nurse, from a district-nursing association or some other organization which has a fund for such purposes. With regard to the quantity of these two articles of food that should be given in twenty-four hours

we find physicians differing widely, and this is therefore a matter to be governed by the physician in attendance, unless he leaves it to the discretion of the nurse. Some physicians prefer that a large quantity of milk and eggs—probably three quarts of the former and eight to ten of the latter—should be taken, and solid food given but once a day, preferably at noon. Others consider the consuming of smaller quantities of milk and eggs and two or even three meals more advantageous. If the patient is unable to take sweet milk, which is very often the case, buttermilk may be substituted, either the usual kind formed during the butter-making process or that made from sweet milk by using the Lactone tablets obtainable at any drug store.

The articles of food to be avoided are sweets, pastries and liquors. They are not only indigestible and lacking in nutriment but have been proved to be the medium in which tuberculosis grows and flourishes. Aside from those mentioned, any articles of food relished by the patient may be given. Every endeavor should be made to tempt the appetite, for quite often, especially in the early stages of the disease, there is a decided lack of desire to eat. The meals should be served in a dainty and attractive manner, and one should be sure that food supposed to be hot *is* hot. Regularity of hours for meals is also essential, for food consumed at stated intervals is more readily digested than that taken at uncertain hours. The nurse should always be on the watch for signs of undigested food.

In the disposition of the sputum we again have preventive nursing. All tuberculous sputum must be destroyed, and the only effectual method of destruction is to burn it. This is very easily accomplished by using the sanitary sputum cups made of a specially prepared pasteboard. These cups fit into metal holders which have flyproof covers, for flies are great germ carriers and one must be particularly careful to keep

them away from all germ-laden substances. The pasteboard cup should be changed as often as the amount of expectoration demands, but at least once a day. It should be removed cautiously from the holder, without allowing the unprotected hands to come in contact with the sputum, then wrapped in paper and burned. The metal holder should be boiled in a vessel set aside for that purpose, and containing a solution of washing soda.

Paper napkins for wiping the mouth after the patient expectorates should also be provided. Each napkin should be used but once and then placed in a paper bag and when the latter is filled the bag and its contents should also be burned. These sanitary supplies may be purchased at any drug store, or, if the person is financially unable to meet this expense, they may be obtained free of charge from the local department of health. All eating utensils used by the patient should be kept separate from others and boiled in a pan by themselves. Bedding should also be properly disinfected before being washed, and after the removal of a patient from a house or room the latter should be properly disinfected before receiving another occupant.

The duties of the nurse do not stop with the patient—the family must be considered as well. By means of the preventive measures already mentioned, she is doing all in her power to protect the family from infection, but she must also take into consideration the days previous to her coming, before the precautionary methods were instituted, when each member of the family was more or less exposed to the disease, and be doubly watchful for signs of possible infection. A cough, a pain in the chest, an afternoon elevation of temperature, night sweats, chills and a tired feeling are all symptoms that the nurse should be on her guard to observe and which, upon discovering, she should without delay bring to the notice of the physician.

# The School Nurse

AMY F. LOWE

THERE are few branches of nursing that offer such an interesting field of work and such wide opportunities for usefulness as that of the public-school nurse. This is, however, a comparatively new field for the trained nurse, and the lack of interest in it on the part of many in the profession is undoubtedly due, in a large degree, to lack of knowledge concerning the work. This is especially true among nurses living in small cities and towns, where the school nurse is not yet a recognized institution. My own experience in this line of work has been a very interesting one, and has enabled me to take a broad view of the importance of school nursing and the opportunities of the school nurse, as I had had two years of school nursing in Chicago and several months with a visiting nurses' association—an experience which gives one a considerable insight into the need for and methods of social-service work—before entering upon my present position as inspector of hygiene in the public schools. The town where I am employed has about 35,000 inhabitants, but there are two separate school districts so that I have charge of only half the schools, but there are about 3,000 children under my care, which should certainly provide a sufficiently wide sphere of usefulness to satisfy the most energetic.

In this city, matters relating to school hygiene are under the charge of the board of education instead of being controlled by the board of health, as is the case in many places. Work along this line was only begun here in February of the present year, and it has not been possible, in making a beginning so near the close of the school year, to organize the work as systematically or get it to running as smoothly as might have been the case if we had had more time.

The ailments that the school nurse has most frequently to deal with are those of the eyes, ears, nose and throat. In organizing our work, therefore, the first thing necessary was to find out how many specialists in these diseases there were in the town who were sufficiently interested in this branch of social-service work to give their services free of charge to any child whose parents could not afford to have operative work done. This was not difficult to accomplish, as the superintendent of schools, who is an earnest and untiring worker along this line, had discussed the matter previous to my coming, and he at once introduced me to the specialists, so that I was able to make an arrangement with them without delay. This arrangement provided that each of five specialists should give a month to the school work—that is, he would examine free of charge any child whom I had already examined and who was really unable to pay an office fee to have my findings verified. He would also do free operative work for the poor. It seemed wiser in so small a city to send the children to the physicians for examination rather than to hold a regular clinic. The arrangement worked out very well and a great deal of work was done.

I started in by examining the eighth-grade children of each school, using the universal system of examination. The records of these examinations can be sent, together with the transfer cards, etc., to any other school that the child may be sent to, thereby giving the teacher under whose care he comes an idea of his previous condition. My examination is, of course, a limited one as I am not a doctor. I do not attempt to examine the heart and lungs. Disease of other parts is often in plain sight, or symptoms of certain physical defects are suffi-

ciently pronounced to be taken as evidence. No regular diagnosis is made, but a notice is sent home with the child stating that he gives evidence of an abnormal condition of the mouth, the eyes, or whatever it may be, and the parents are advised to have him examined by the family physician.

Previous to the introduction of medical inspection in the schools teachers were expected to make tests of the children's eyes, by using the Sneller test card for instance. When the teacher found a child's eyes abnormal for distance, the fact was reported to the principal and to the child's parents. An observant teacher can often discover eye defects by noticing the way in which the children hold their books. If the book is not held in the natural position or a child has difficulty in reading, it may reasonably be concluded that there is something wrong. There has been a great advance of late in the instruction given to teachers along these lines, and nowadays teachers are familiar with the signs of physical defects in children, such as mouth breathing, eye strain and extreme nervousness from unknown causes. Children who are slow to learn, hard to manage or generally impossible are no longer regarded as merely idle or naughty, but are examined to find out whether their condition may not be the result of some disease or defect which may perhaps be remedied.

Teachers cannot, however, be expected to see that children receive the medical attention that they need, and they seldom have the time to devote to such work however willing they may be to do it. I have seen teachers in Chicago schools that had no school nurse give up a Saturday morning or afternoon to take a child to a doctor or a clinic because the child needed attention badly, and the parents were unable or too indifferent to attend to the matter themselves, though they were willing that the teacher should do so. This sort of work should be done by a school nurse.

If the school nurse is tactful she can accomplish a great deal by means of calls at the homes of the children. The result may not be immediate and it may be necessary to make a number of calls at one home, and to do a great deal of talking before the parents of an ailing child can be convinced that he is not in a normal condition. Few parents are willing to acknowledge that their child has a physical handicap of any sort, and in too many cases one is met with the old-time assurance that "he will out-grow it." It is very necessary that a nurse who takes up this line of work, especially in small towns where there is no school doctor, should be well informed as to the structure of the nose, throat, teeth, eyes and ears, and their relation to each other in disease, for she will very frequently be called upon to give her reasons why she associates earache and deafness with mouth breathing and hypertrophied tonsils. Perhaps in her examination she has found that a certain child is a mouth breather. When he is taken to the family doctor, the physician says he has adenoids, which should be removed, but he does not take the trouble to give the parents a detailed explanation of the diseased condition and the results to be anticipated from proper treatment. If the nurse is well armed with reasons why the doctor's orders should be carried out, her influence may turn the scale in favor of the needed operation. She should be able to make the parents understand that because the child with adenoids cannot breathe through his nose he cannot get enough air into his lungs; why he so often has sore throat and perhaps enlarged tonsils; why adenoids produce deafness, etc. She may even have to explain why a plentiful supply of fresh air to the lungs is necessary for health.

I make it a practice never to advise an operation, even when I am quite sure it is needed, until the family doctor has directed it. I ask the parents to have the child

examined, to convince them whether I am right or wrong about his condition. They are usually willing to have the examination made, and if an operation is necessary they have had time to adjust their minds somewhat to the idea. When a child's parents do not take him to a physician and I have to provide medical aid for him, I take the little patient to a specialist and so get the best advice or treatment.

The state of a child's teeth is often a matter of small concern to the parents. "Oh, yes," they say, "bad teeth are a family inheritance." The necessity for early care of the teeth and the reasons why are often difficult to impress on either parents or children, and frequently mean much home visiting and a great deal of talking. Free dental inspection in schools is becoming a more general practice every year, even in places where there is no school nurse. In our city we have a system by which each of the dentists in town gives free service to the schools during a certain period.

When the school nurse is also in part medical inspector, her duties are by no means confined to examining children and securing proper medical care for them. The sanitary condition of the school toilet rooms must be investigated, and it must be ascertained whether the drinking fountains are working satisfactorily, and whether the children know how to use them. The way in

which sweeping and dusting are done in the school buildings is another matter that must be carefully looked into. If children are reported absent because of illness, they must be visited, and if the case is one of contagious disease the inspector must learn whether quarantine has been properly established. In some cases she may need the assistance of the county physician. In addition to these various activities, she will be called upon to explain her work before parent-teachers' clubs and similar organizations, and upon her ability to present it in a clear, forceful and interesting manner will depend, in a considerable degree, the cooperation she receives from the teachers and the mothers of the children under her care.

Like every other branch of the nurse's work, the position of school nurse has its advantages and its disadvantages. It is a large field, and for the nurse who is interested in social service it is a very fascinating one. The salaries paid are not large; they vary from \$60 to \$80 a month, and cover only ten months in the year. On the other hand, however, the hours are not long, and the nurse always has Sunday and sometimes part or all of Saturday free. To the nurse who has done much private work, the short hours, the regularity of life, the undisturbed nights and the certainty of a fixed income are advantages to be greatly appreciated.

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### A CHRISTMAS THOUGHT

BY H. J. O'BRIEN

One thought comes thrilling ever down the  
years,  
And soothes us sweetly with its softer  
touch,  
When we are vexed with dim unquiet  
fears,

And the hard world bears on us over-  
much: [tears!"]  
"Peace cometh not in smiles, but after  
So He who on this day gave surcease  
From doubt, through His sorrows brought  
us peace!

# Philadelphia's Work for Sick Babies

ADELE MICONI

ON JUNE the fifteenth, nineteen eleven, the city of Philadelphia opened two of its recreation piers for the care of the sick babies of the poor during the summer months. The work was under the direction of Dr. J. S. Neff, director of the department of health and charities. The piers used for this purpose were the Chestnut Street pier and the Race Street pier. The Chestnut Street pier was equipped with white enameled beds, hammocks, a diet kitchen and a storeroom, and was in the

Perkins, chief of the Municipal nurses. Miss Perkins was an ideal woman for the position, as a more kind and sympathetic person could hardly be found.

The Race Street pier was more in the nature of a hospital, where day and night treatment could be given to very ill babies that needed more than day care. This pier had six nurses and both a resident and visiting physician. Miss Perkins called each day to receive our reports, give us advice; we could also consult her at other times if



OUR TWINS

nature of a day nursery and camp of instruction for mothers. Two nurses were in charge from eight o'clock in the morning till eight o'clock at night, but many nights found the babies there until after ten o'clock during the very hot weather. The two nurses in charge were Miss Rose R. Schaub, from the Municipal Hospital, and Miss Adele Miconi, a graduate of the Philadelphia Lying-In Charity Hospital. Dr. S. Newmayer was the visiting physician, and the supervising nurse was Miss C. E.

necessary. Many of the mothers waited for her visit each day to be reassured that their babies were improving. We averaged from thirty to eighty babies each day, some remaining all day, others only part of the day, but there were days when the number reached over a hundred.

Modified milk and barley water was sold at one cent a feeding, and to the many who could not afford to pay even that small amount enough was given free for the day and a supply for the night feeding. Each

morning a mother, father, grandparent or caretaker could be seen coming to the pier, a baby in one arm and in the other a package containing the empty milk bottles from

proper food. Classes for teaching the care of the milk, milk bottles, the utensils for modifying milk, and general care of the infant's diet were held each morning. In the after-



GRANDMA AND CHARLIE

the night supply. The little charge would be handed to the nurse, and the nurse would provide clean clothing and would then teach the caretaker the proper way of undressing and dressing the little one, after which it was placed in a clean crib, where it remained, receiving good care, fresh air and

noon classes for the general care of the baby, its surroundings and duties of the mother. Literature on the care of babies, especially during hot weather, written by Dr. Neff, was given to all who called at the camp. Excellent literature by Dr. Neff on the danger from the common house fly was also



SPANISH AND IRISH BABIES

distributed. Many cases of sore mouth came to us, and the caretakers were instructed as to the great importance of keeping the mouth clean by swabbing out with boric-acid solution before each feeding. As we had both bottle and breast-fed infants, many mothers remained part of each day with us, so we had them observe many things in reference to the proper care of the babies. Should a child come to the Chestnut Street pier very ill, needing immediate medical attention, it was taken to the Race Street pier hospital by one of the nurses, or sent with

until we closed on October 1. One day we had five sets of twins. One set was colored, Sallie and Marie. Sallie was very black and Marie almost white. They were five months old, and our pets for many weeks. The following nationalities were represented: American, German, English, Italian, Turk, Dutch, Polish, Hebrew, Spanish, Finn and Slovak. One nurse spoke German and Hebrew and the other French, and as many understood one of these languages it was not a very difficult matter to make one's self understood. The air at the pier was



ADELI MICONI, ROSE R. SCHAUB

the caretaker with a note to the physician in charge explaining the case. While we had many very sick infants during the summer, we had no deaths at the Chestnut Street pier, and at the Race Street pier very few in comparison to the great number of patients. The patients ranged in age from two weeks to two years old.

At the Chestnut Street pier we had little Charlie Ritter, who was two weeks old when his grandmother brought him to us in the last week of June. His mother went out washing each day, and every morning early grandma came to us; in one arm was Charlie and in the other the grape basket containing the milk bottles. He came to the pier

glorious, and the little patients slept well and enjoyed their food. Any physician could send his patients to us, and as we had many patients we had some taking modified milk, others barley water, whey, whey mixture, and special formula for special cases. Boiled water was often given to the little patients when very restless, and often just a sip of warmed boiled water quieted many a fretful child, to the surprise of some very young mothers. We sincerely hope that each year will do more for the babies of the poor, helping them to become strong and healthy men and women. We had a happy summer and dreaded the day we had to say good by.



# Vomiting After Anesthesia

J. D. MORTIMER,

In *Lancet* (England)

POSSIBLE causes of vomiting after an anesthetic have been summarized as follows in a very practical and valuable paper in the *Lancet*, England, by J. D. Mortimer:

1. The habitual state of the patient.
2. The disorder which led to the operation.
3. Faulty preparation of the anesthetic, or way of giving it.
4. The swallowing of mucus, blood, etc.
5. The operation or some complication following it.
6. Faulty after treatment.

Among the causes which contribute to vomiting, the writer mentions the facts that people of nervous sensibility liable to sickness are likely to suffer, especially if previous experience entails anxiety; also those whose blood is charged with impurities from overfeeding or defective elimination. The need in most cases for moderate purging and several hours' fasting is not always realized. A meal given some hours before may be ejected almost unaltered, digestion having been disturbed by worry or a change in the usual feeding time. Such vomiting once started tends to persist. On the other hand, too prolonged fasting or too strict limitation of diet may produce harm by disturbing metabolism and exhausting the patient. The proceedings of the operator may unavoidably cause after sickness by altering intra-cranial pressure, by direct effect on various organs, by reflex irritation or by disturbance of excretion. The expansion of the chest may be hampered afterwards by posture, pain or bandaging; and diaphragmatic respiration may be prevented so that elimination is delayed. Faulty after treatment may consist in jolting, feeding and allowing movement too soon, neglect to ventilate the room; allowing noise and emotional disturbance.

With regard to the measures of prevention inquiry should be made as fully as possible into the history and condition of the patient. The nature of bilious attacks, especially in children, should be ascertained. To secure a satisfactory state the preparations may include medicinal, dietetic and hydrotherapeutic treatment, and even the attention of a dentist. Neurotic patients need encouragement and a few doses of some sedative, such as bromide of sodium. The surgical preparations should be made so as not to cause alarm.

Directions as regards fasting and evacuation are especially needed when the operation is to take place in a private house or at some unusual time. Modifications must be made according to the patient's age and condition, but as a rule if the operation is to be before 10 A.M. nothing should be taken after the previous evening, except thin barley water or tea (with hardly any milk or sugar). If before 1 P.M. clear soup or tea with toast can be given about four hours before. If later, a light breakfast (an egg or a little fish) at 8 A.M., with a cup of soup at 12 or 1 if the operation is at 4 or 5 P.M. Moderate quantities of water or other simple drink may be allowed to within an hour of the operation; if refused there may be much discomfort.

In most cases it is better to give an aperient two nights before the operation than the night before, only food easily digested (but not sloppy) being taken on the following day, and an enema given in the evening. This plan gives a night free from disturbance. The nurse should notice the character of the stools, and more may need to be done if there is evidence of constipation. Purging that is excessive or too

close on the time of operation should be avoided. The teeth should be cleaned and the mouth well rinsed.

It is of the utmost importance that the anesthetic and method are carefully chosen with regard to all the circumstances and possible after effects, and that the administrator should do everything possible to maintain a free airway and subdue rigidity. Washing out the stomach may be sometimes advisable before return to consciousness, especially in cases where intestinal contents, mucus or blood have passed into it.

The patient should be carefully moved and the room quiet, somewhat darkened and well ventilated. The right lateral position is usual, with the head low and turned to one side. A pillow under the mattress on the left side will maintain this position. The Fowler, or semi-recumbent, position (with head and shoulders still to one side) may be preferred for surgical reasons, and it may be recommended, after abdominal operations especially, with a view to prevent and relieve sickness. If vomiting happen before return to consciousness, the head must be kept low and on its side, and the lips if necessary opened. A gag or mouth wedge should be at hand, but the tongue should *not* be pulled out or the jaw pushed forward, unless laryngeal spasm is continued, and the throat has been swabbed out, for by so

doing the airway is opened and there is increased risk of vomited fluid being aspirated. The mouth can be frequently rinsed but usually nothing should be swallowed for four hours at least. Tea with much milk or sugar or clear soup, according to taste, should be given first, not milk or milk and soda.

If vomiting recur the possible cause should be considered and the remedy selected accordingly. If there has been swallowing of blood or mucus, or complaint of the taste of ether, half a pint of hot water containing a teaspoonful of bicarbonate of soda should be given. This will probably wash out the stomach into the bowel or cause an effectual and final vomit. Black coffee, to which some add bicarbonate of soda, also iced champagne in small quantities, has seemed to do good. The taste and smell of ether may be overcome by the use of thin slices of lemon and of toilet vinegar. Neurotic patients may need sedatives, and for them the writer recommends a mustard leaf on the epigastrium. Glucose is valuable both before and after operations, not only to prevent or combat acid-intoxication, but as a food which makes no call on digestion. A tablespoonful can be given with water and lemon juice three times or more in the twenty-four hours. Raisin tea contains an appreciable amount of this.

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### THE ENVELOPE DRINKING CUP

In States in which the common drinking cup has been abolished by legislation it often happens that on trains it is impossible to get a drink for lack of a cup of any kind. In such cases use a clean white envelope, seal it, tear off the end, press it open and you have a cup.—*Ex.*

## A Christmas Appeal for a Pioneer Nurse

**W**OULD you like to meet one of the very oldest living trained nurses, one who was among the first to respond to Florence Nightingale's appeal for nurses to enter for training? If so, come to Detroit, and I will take you to a shabby little old cottage where lives a member of the first class of nurses trained in the school established in St. Thomas's Hospital, London, in accordance with plans made by Florence Nightingale herself.

It will be recalled that after Florence Nightingale returned from the Crimea grateful England presented her with a large sum of money.

This money she refused to accept for herself, but arranged for it to be used to establish a training school for nurses in connection with St. Thomas's Hospital. The fund was known as the Nightingale Fund. Fifteen probationers were to be admitted to the hospital. Their board, lodging and the cost of their tuition and supervision were to be charged to this fund. This first class of fifteen entered in 1860 for a year's training. During the year this number dwindled to seven nurses, who formed the first class to receive certificates as trained nurses.

One of those seven nurses was Fanny Wilde (now Mrs. McEvoy), eighty-one years of age, whom I discovered a few months ago in Detroit in dire distress, and without any means of support. After finishing her course

at St. Thomas's, Fanny Wilde remained in the employ of the hospital till her marriage a few years later. She was soon left a widow and some years after emigrated to America, where she met her present husband. He is now eighty years of age. For years he made a fair living as a publisher of directories of small towns and cities, doing landscape painting as a side line. As

long as she was able, Fanny Wilde McEvoy nursed, but all they were able to save by their combined efforts has been used up long ago. Her husband up till six months ago still kept up his work as an artist till his eyesight failed, and he was no longer able to distinguish colors. They were in debt, had sold some of their possessions to buy food, and were contemplating selling more when the story of their distressed condition leaked out.

There is no prospect

that the husband's eyesight will improve sufficiently to enable him to make a living, and it does not seem right that a woman of eighty-one, who has given nearly fifty years of service to humanity, service of the most unselfish type, should suffer for want of life's necessities. I promptly assured her when I found her that she would be taken care of, that money would come in as a sort of delayed payment for work done in the past which had never been sufficiently paid for. I told her that there were hundreds of younger nurses who would be glad



FANNY WILDE MCEVOY

to help make her last days comfortable, and I know there are.

I have already heard from a number of them, and every two weeks since I found her I have been able to send or take her enough money to tide over immediate absolute needs. What I very much desire is to get enough promised in subscriptions *each year*, so that I can assure her a daily allowance of about a dollar a day, which would support them both, pay rent, buy coal, etc., and relieve their minds of worry about the future. Already from several nurses I have had promises. Some will be responsible for collecting thirty dollars each year (one month's allowance), some for less sums. In order to clear off the debts that have accumulated and get the Fanny Wilde McEvoy Fund started, we need several hundred nurses to send us as soon as possible one-dollar subscriptions. Nobody should send more than a dollar, for if we do our part in letting the needs be known nurses will respond.

Fanny Wilde McEvoy must be taken care of. I know you will help. Miss Vanderwater, of Grace Hospital, Detroit, will act with me as joint custodian of the fund, which will be deposited in a local bank.

Fanny Wilde McEvoy herself is one of the dearest, quaintest, refined old ladies you will ever meet, and totally unconscious that she is a real genuine "celebrity" to nurses. I helped dig down in her boxes and through packets of letters for some historic old documents which I wish you all might see. She had no idea how interesting they were or valuable to her.

How many of you have ever kept the letter you got telling you you were accepted as a probationer, and the day you were to report at the hospital? Fanny Wilde McEvoy has her letter from Mrs. Wardroper, the matron of St. Thomas's, dated. Here is a copy of it:

ST. THOMAS'S, June 29, 1860.

To Fanny Wilde, an elected candidate for admission into St. Thomas's Hospital, as probationer under the "Nightingale Fund."

You are requested, as a rule, to bring with you in addition to other clothing six shifts, eight pairs of stockings and thin boots or shoes (not slippers) for ward duty. Galoshes for wet weather will be provided for you.

(Signed) S. E. WARDROPER.

P.S.—Monday, the 9th of July, is the day fixed for admission, to which all must *punctually attend*.

She has also the printed list of the first class and the outline of the first course of training arranged by Florence Nightingale, dated June 24, 1861. She has a dear little brown tea pot—the remains of a set given her by Florence Nightingale when she went on her first term of night duty. She has a letter received from Florence Nightingale herself in 1904, in which she was assured that she was still held in kindest remembrance.

Just one dollar bill from you, sister nurse, and your best wishes that Fanny Wilde McEvoy's remaining years may be free from worry and as comfortable as nurses can make them. Send to

CHARLOTTE A. AIKENS,  
722 Sheridan Ave.,  
Detroit, Mich.

# Colombina

MARY ARGYLE TAYLOR

THERE is living in Rome today a slender little old lady, with a delicate bright color in her cheeks, exquisitely cut features, a pompadour of wavy white hair, and small shapely white hands that look as if she might spend her life fitting gloves in a Parisian shop. Her name signifies "a little dove," and like the dove that crossed the waste of waters to bring hope to the lonely family within the ark, so Signora Colombina brings serenity and courage into homes passing through one of the great ordeals of the race.

She belongs to a class condemned, mentioned with bated breath in Anglo-Saxon countries, but which is carefully trained and licensed in Latin lands. Even its name in English is a synonym for vulgarity and ignorance, but in Italy, where such subjects are considered more frankly, it is a respectable profession.

Forty odd years ago Colombina was a fair young girl, spending half her time with an old uncle and aunt who kept a shop in Parma. A girl's life in a provincial Italian town is a very monotonous one, and this girl's only outside interest was watching a large building opposite her uncle's shop, whence there issued twice a week at a regular hour a demure procession of young women, slightly older than herself, who all wore full black mohair skirts and quaint little ruffled fichus. When she learned that the building was an institution handsomely endowed by Maria Luisa for the education and training of *levatrici ostetriche*, her interest was not abated, and the subject lost none of its fascination. Desire to be one of the students sprang up fully armed, and in course of time her application was made, but the director said that she was too young. As she was bidding him farewell, however,

he took sudden note of the size and shape of her hand.

"Stay," he cried, with the enthusiasm of an old violinist choosing a pupil for the bow, "you have just the hand for the career, small, strong and deft. Your youth will mend."

She studied for three years, never leaving the convent-like house except twice a week when she and her companions walked out of one city gate and in at another. In summer when the roads were ablaze with sun and muffled in dust, they walked in an enclosed garden. They had lectures on anatomy every other day, with demonstrations on the dead body, and they were trained for their own special practice with a puppet made on a skeleton and the manipulation of a doll baby formed just like an infant, so that their fingers acquired perfect familiarity with their duties and the dexterity of accomplished pianists. Connected with the institution was a home for old people and a maternity hospital, so that in their third year the young women had actual practice.

It was before the days of Pasteurized and modified milk but a certain number of goats were kept for the nourishment of babies whose mothers could not nurse them, and these foster mammies were carefully washed and kept clean.

At the end of three years six of the young women graduated; three went into private practice and Colombina received one of the three communal appointments as *levatrice condotta*. In Italy the *levatrice* is always summoned for a confinement, the doctor being only called in special cases and the great obstetric surgeons always have their own *levatrice* in attendance. Italian women generally feel it an abnormal, immodest arrangement to have a doctor, and when they

go to America they sorely miss their skilled, trained *levatrice*. Every commune has its patented *levatrice* no less than its doctor, and both are paid by the commune or the state a small salary for which they are compelled to respond to every call without extra charge, though, of course, those who can do so give them a small fee. These communal appointments in the country are called *condotti*, and many young doctors and *levatrici* are glad to get their first years of practice in this way, though it is considered a hard life.

Colombina obtained the place as *levatrice condotta* of Saint Ilario, a country district extending over a large territory. She had her lodging given her and 600 lire (\$120) yearly. For each birth the peasants paid her a registration fee of 3 francs (60 cents), the price, as she says, of a wax doll. The peasants generally fetched her beforehand, but when the crisis was over she had to trudge miles to her home. But she loved her peasant friends, and these were the happiest four years of her life: young, healthy, useful, and heartily appreciated by those whom she helped through the most intimate moment of their lives.

But the day came when love found its way into Colombina's life, and though the people whom she had served protested at her wanting to marry and leave them, she went away with the lover to whom she had given her heart. She had made it a condition of her marriage that she was to continue to practice her profession, and when, a year later, the syndic of Saint Ilario wrote her: "Come back; your substitute has not won her way, the people all want *you*, and we have created a position for your husband," she would gladly have accepted the invitation. But her husband said: "What! do you expect me to bury myself in such a place as that? You must be mad, Colombina! Am I to vegetate like a potato in a field?"

Despite his fine words, however, he was

inefficient and in poor health, and most of the family support and discipline fell upon his wife. But something in the man responded to Colombina's ideal, and since his death she has kept his memory green. When she speaks of her loss, she says: "Thank God, I had my vocation, or how could I have borne it?"

And truly to this vocation she comes with a sunniness and detachment from self rarely equalled. She enters households thrown out of gear by the anxiety and extra work of a critical event, and by her skill and knowledge and her rare tact infuses trust and tranquillity. She is a scientific nurse, and no detail of hygiene is neglected, and no precaution against possible complications omitted, but it is all done so simply and unostentatiously that it rouses no antagonism.

But it is in the homes of the poorest that Colombina has a special grace. The most meager preparations and scant wardrobes are revealed without shame to her sister eyes. She helps them to do all they can for decency and cleanliness, and she does not mortify them that they cannot do more.

Her fee for the birth is optional, depending on the circumstances of the family, and for her subsequent morning and evening visits she receives 2 francs (40 cents) each time, though this, too, is often reduced. She makes it known that she wishes her patients to pay her only what they can without difficulty, as she does not want the joy of the baby's coming to be overcast by a financial strain. The fee varies from 20 to 300 lire.

In the comfort Signora Colombina gives there is no weak sentimentality or morphined unconsciousness. She holds that giving birth to a child is a natural process, which must proceed naturally. While she disapproves of the use of anesthetics, there is an iron in her spirit bracing to her patient and courage and endurance win her quick recognition.

In moments of stress and necessary effort she commands her patient, "Embrace your

husband!" and his presence in the room is held a right and a duty. As far as propriety and the "modesty of nature" are concerned, a child might be present all the time, as she does everything under cover. The extraordinary dexterity and delicacy of her hands is such that she seems to possess in them the added faculty of vision.

The *levatrice* is not allowed to use instruments, she must not go beyond manipulation; when this is not sufficient the surgeon must be summoned; there are heavy fines and penalties if certain symptoms are not promptly reported to a physician. On the other hand, a *levatrice* who betrays a confidential communication is subject to imprisonment, and if she helps to bring on an abortion or tells any one how to do it she is liable to severe punishment. She is required by law to carry a bag containing all necessities for a confinement and emergencies, to attend the mother once a day for a week if the case is normal and twice a day, for longer, if there are complications. She, as well as the father, is required to report every birth on a printed form to the authorities, and any failure on the part of either to do this involves considerable trouble and expense.

The *levatrice*, where the mother is unable to nurse the child, is expected to select a *balia*, or wet nurse, and see her installed. Until recently women of the upper class rarely nursed their own babies, but admira-

tion for English customs and Queen Elena's example are making a great change in this respect. Parents of the lower middle class usually send their babies to a peasant family to be nursed in the country. The best Italian doctors do not believe in artificial feeding in this climate, so that where the mother has not sufficient milk the *balia* is deemed a necessity. She is generally a heavy drain on patience and purse, as besides her wages and her effective but expensive dress, which her employers are obliged to furnish, her perquisites and privileges are endless.

Colombina procures *balie* from a place in the Sabine mountains where the women are handsome and well made. They send her presents beforehand, but she makes it clear that while she accepts their tribute it will not at all affect her choice, which must depend on fitness for the service to be rendered.

The Signora Colombina is herself an evangelical protestant, but her gifts have made her a *persona grata* in families of all creeds.

I cannot pretend that all Italian *levatrici* are equal to Colombina; they are all trained, but pine does not take the same finish as sandalwood, and she is to the rest of her sisterhood what the delicate fragrance and soft tint of her own Parma violets are to the prose of scentless dahlias—the poetic quintessence of her kind.

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## FROM THE SUBJECT OF CHRISTMAS

BY LEIGH HUNT

O, a noble and merry season to you, my masters; and may we meet, thick and threefold, many a time and oft, in blithe yet most thoughtful pages! Fail not to call to mind, in the course of the 25th of this month, that

the divinest Heart that ever walked the earth was born that day; and then smile and enjoy yourselves for the rest of it; for mirth is also of Heaven's making, and wondrous was the wine drinking at Galilee.

# The Indian Mission

LETTER NO. IV

THE INDIAN RESERVE,  
SASKATCHEWAN, CANADA.

DEAR BELLE: The language is awful! Should I live to be as old as Methuselah I don't think I should be able to speak Cree. But—this is the mountain which confronts every one when first dealing with a foreign tongue. Is the Indian lazy? This is one of the many questions asked me in your last letter. Well, Belle, he is, and he is not. To do him full justice one must consider the question from several standpoints. It costs him a superhuman effort to cut a load of wood, milk a cow, plough the field, or cut his grain. Yet, on the other hand, he will tramp all day visiting traps, chasing a moose, deer or bear, or even fighting a prairie fire, and finds pleasure in so doing. He is energetic in doing work which appeals to him, in which there is some excitement, but he loves not "the daily round, the common task." Therefore I must leave it an open question.

The Indians have many queer ways. For instance, the door may suddenly open and an Indian walk in without further ceremony. He will probably sit down for fifteen or twenty minutes, then in a casual manner bring forth a quaintly written note of the utmost importance, the real object of his visit. Some have not the courage to come to the door, but will peer through the window, peek around the corner of the house, or sit on the doorstep in order to attract attention. It is considered contrary to etiquette to ask an Indian his name. Should one do so, he feels very much embarrassed unless a friend is near to reply.

Generosity is rife among the redmen; when one returns from a successful hunt and "stocks up," that is, gets in a goodly supply of flour, sugar and tea, he generally

is the host for the entire reserve, and everybody is welcome at his cabin as long as the provisions last. An Indian simply cannot keep money. I have actually seen one promenade up and down the Hudson Bay Co.'s trading post wondering what he could buy, until he had spent his last penny.

One of the Indian boys is very ill with pneumonia. Poor fellow! I found him fully dressed in a tiny, ill-ventilated room inhabited by a family of five. How he was suffering; every breath was one of pain. His temperature was 105 degrees. What a privilege to do something to make Whitecap more comfortable. He is an enviable young hunter, just back from the northland with a valuable packet of furs. He was brought home in a canoe down the Saskatchewan. "Me camp; five times me to come back; no eat; much sick, me," said this Indian boy as he turned his large, black eyes full upon me, seemingly asking for help.

On taking a survey of the little cabin I could find absolutely nothing with which to work—not a towel, not a piece of muslin and the provisions in store consisted of some tea, a little salt and part of a bannock. In working among the Indians it is necessary for a nurse to carry with her everything needful for the various patients.

"Where there's a will, there's always a way," sings the poet. I proved it in this case. I only wish you could have seen Whitecap "before" and "after." You never would have recognized him for one and the same.

A bath, a clean bed, a hospital night-gown! A mustard plaster over the seat of pain, an ice cap filled with cold water to his head, a tidy room, and at every breath he was inhaling the life-giving fresh air—for him what a luxury!



The chief came in while I was there and promised to send milk every day to the sick boy. As I turned to go, Whitecap spoke hurriedly in Cree, the father rushed to the bundle of fur and on Whitecap's behalf presented me with a fine mink skin. To have refused it would have been the height of discourtesy. My heart was deeply touched—too full for words. When will the world understand that "Poor Lo" does appreciate what is done for him? When one lives among the Indians and knows them his heart must go out to this people, as day by day is unfolded some admirable trait of character. But more about this subject at another time.

I do hope Whitecap may get well, as all the Indians are watching the result of the white woman's, to them, strange treatment, and they look with dubious eye at that open window. Old prejudices die hard, and the unwillingness of the Indian to breathe fresh air seems to be the stoutest of them all.

"Come, my place, please," is about as definite an idea as one gets of the nature of a call. It may be a hemorrhage of the lungs, or a child may have been seized with convulsions (both very prevalent here), or anything betwixt and between. Yesterday it was a fractured femur and last night I found a toothache after a hurried five miles. Yes, a toothache! And we all know how much lies beneath the word. A writer once said: "Disappointment in politics is painful; disappointment in love is worse; but in either case you can be thankful it isn't the toothache." He must have had a toothache.

One needs to be prepared for any emer-

gency day or night. To get the doctor means a trip of sixty miles, so one needs to be resourceful and try to act wisely "till the doctor comes."

The doctor is a recent graduate of Toronto University, who already has an extensive practice and often it is difficult to locate him in this prairie country of "magnificent distances."

Red Eagle rushed in one night. "Come, my wife wants you, quick, please." His home is the nearest cabin. A few minutes later I was battling with a severe hemorrhage of the lungs. Two weeks later the poor little woman felt so weary of her uncomfortable bed, and not realizing the serious nature of her illness, contrary to advice, spent the afternoon out of bed. She was seized with a second hemorrhage and died before any one could reach her.

Pathetic, indeed, was the funeral. The open grave surrounded by the band of sorrowing Indians (I was the only white person). The native clergyman read in the language of the Crees the words of comfort: "In sure and certain hope of the Resurrection to eternal life, through our Lord Jesus Christ," then a hymn of faith was sung.

What comfort for us all!

I can never forget the sorrow-stricken husband trying so hard to be brave, to master his grief; on either side his little ones looking on with wondering eyes, too young to understand. Then we turned away—and I cried, Belle—I had lost one of my flock, one of my people—one of my red children.

BETTY.

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# Editorially Speaking

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## Merry Christmas

As the swift procession of the months brings December to our doors again—

“December, fair and holly-crowned,  
With the Christ-child in her arms”—

we echo the greeting she brings us, and extend to every reader of *THE TRAINED NURSE AND HOSPITAL REVIEW* our heartiest wishes for a very happy Christmastide. To the busy nurse who must spend the day in a crowded hospital ward, assisting at an emergency operation, watching by the bed of a dying patient, or hurrying from one home of poverty and sickness to another in her district, Christmas may seem far from merry; but even to the busiest and most heavily laden the Christmas bells may bring a thought of thanksgiving for the birth of Him who is the Life and Light of men and in whose Name all works of mercy and compassion are done. May every nurse, as she goes about her work on Christmas morning, reflect in her face something of her joy in the great Gift that came to the world on the first Christmas morning; and may she gain, from the blessed associations of the day, new strength and courage and cheer that shall help her to sustain the weak and weary and comfort the suffering and the sorrowing through all the year to come. To her and to all those whose lives touch hers may the season be in truth a blessed Christmastide!

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## Christmas in the Hospital

In the hustle of hospital life it is easy to forget to make preparations so that Christmas may be just a little different from other days. Don't fail to get some of the Christmas spirit into your hospital and into your own life. Probably no better way of start-

ing the day has been found than that suggested in the article, “The Angels’ Song Today,” which appears in this number—the singing of the sweet old Christmas carols in the corridors by nurses and house staff. In the childrens’ wards we may wisely make some extra preparation, but nurses, internes and patients will all find the rendering of the carols a pleasure and a help to getting the real spirit of the day into their hearts.

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## Schools for Little Children

A press report states that “Three schools for ‘Little Mothers’ are to be established by the Chicago health department to teach girls from 8 to 14 years old how to care for babies. Relief for overworked mothers is the object sought by the health officials. Graduates from the schools will be assigned to duty in the tenement-house districts.

“Boys are not barred from the schools and they are to be known as ‘Little Brother Mothers.’

“Among the things to be taught at the schools are: How to bathe the baby, how to give it a drink without strangling it, how to wash its eyes, how to put it to sleep without rocking it, how to carry the baby, how to dress it, how to amuse the baby and keep it from crying.”

The experiment in Chicago will be regarded with interest by nurses—indeed, by all who are sincerely interested in the problems of the poor. “Minding the baby” is the first work which many children have forced upon them. When one considers the importance of the work the pitiful side of it is evident and the common sense of the Chicago plan is appreciated.

Every girl naturally and instinctively

looks toward motherhood, yet it is aptly termed "the unskilled profession." Trained mothers are quite as important for the well-being of the race as trained nurses. Those who lead in advance movements for public welfare are more and more emphasizing the thought that since motherhood is the most important duty that will ever fall to any girl, instruction in baby hygiene, instruction in how to meet the highest demands upon her, is her right.

It is being recognized that an educational scheme which leaves infant and child hygiene entirely out, which leads young, ignorant mothers to learn wholly by experiment, and at the risk of the baby's life, how to care for the babies of the State is not calculated to produce the best results to the child, the home or the nation. How to conserve this most important of all national resources is a practical problem in the solution of which all educational institutions which have to do with growing girls should share.

The first step toward the obtaining of a better, more intelligent motherhood for American babies is to train the older girls in the elements of baby hygiene and proper home care of the sick. To leave the fate of the new generation to unreasoning chance or impulse, to neglect to give the mothers of the coming generation a word of instruction about the most important duty they will have in life, is not compatible with American common sense even if custom has for years sanctioned it.

The training of little mothers and older mothers is a work which opens up vast possibilities for the nursing profession. It calls for special adaptability and some degree of special training. Let us frankly concede that, and not at once rush to the conclusion that the hospitals should upset their plans and demand that all nurses shall fit themselves for this work. Plain caring for the sick is the work to which nine out of ten nurses look forward. Let us wish the

venture in the training of little mothers success, but do let us refrain from asking the hospitals to fit undergraduate nurses for this new specialty or any other that may open up for nurses.

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### Nurses and Social Service

The widening field of social service which is developing so rapidly in America is making its call to the nurse who has the social instinct, and who has acquired or is willing to acquire the social viewpoint and devote time and study to social problems.

As we have mentioned in these columns before, the social-welfare work seems one that is especially well adapted to the nurse who, having had some years of experience in executive work of hospitals, desires a change, and yet desires some line of work in which her knowledge and experience gained in the hospital can be utilized for the good of humanity. We believe it is only a question of time—not many years—before every hospital having an outpatient department will have its social-service nurse, or its social worker of some kind, whose business it will be to assist the doctor and the hospital in doing the very best that can be done for those afflicted in mind, body or estate who appeal to them for help.

In his very fascinating and illuminating little book, "Social Service and the Art of Healing," Dr. Cabot intimates that the essence of social service is not to be found in efforts toward social reform or the improvement of environment, but that it consists "in the study of character under adversity and the influences that mold it for good or ill." He says further: "The social worker must not labor primarily over the physical aspects of tuberculosis, play grounds, tenement houses, prisons, garment workers, etc. . . . He cannot be a busybody, a jack of all trades, a supporter of all good causes if he is to command respect as an expert in his own field. . . . Poverty is to social work as pain is to medical work. It

may or may not need treatment, but thorough diagnosis is the first necessity. . . . The social worker, like the teacher, should be chiefly an educator, nurturer, stimulator, developer and director of human souls, particularly in that group of persons whose character has brought them into some sort of trouble. . . . The medical student does not begin with the study of drugs, but with anatomy and physiology as aids to diagnosis. He is not primarily concerned with theories of cure. No more should the student of social work be concerned primarily with a bird's-eye view of the existing charitable and reformatory resources of the community, nor with the reforms proposed and the laws enacted for the cure of social ills. For this is to learn treatment before diagnosis."

This, then, is one of the new lines of study and service opening to nurses. The practical duties of the social-service worker connected with a hospital are exceedingly varied, and not all probably have gotten Dr. Cabot's conception of the work clearly defined.

To the nurse who is contemplating this line of work, we would suggest a good course of reading along social-welfare lines. Don't expect to step from a good-paying hospital position or private nursing practice into a good position as a social worker without spending time in preparation.



### Country District Nursing

In her report regarding the Victorian Order of Nurses in Canada, Miss Mary Ard Mackenzie, chief superintendent, states regarding the plans for country district nursing, which the order is attempting to develop in the Northwest, that three kinds of workers are needed—the doctors, the nurses and the home helpers. She recommends the establishment of nurses' headquarters in which there should also be accommodation for not more than two sick people. She also suggests that continuous nursing must be

combined with visiting nursing, the nurse remaining with seriously ill patients during the critical period, and then placing in charge a home helper, while she passes on to some more urgent case. She suggests that nurses be on the lookout for desirable home helpers, who can be called on to assist them as may be needed in the domestic work of the home.

It is the same old need that confronts all who have any responsibility for the care of the sick—the need of a less-skilled worker in the sickroom who, when necessary, can give continuous service and who will assist in housekeeping for the well in addition to the needful duties in the sickroom. There has been much discussion, but as yet we have not more than touched the fringes of this great problem, which exists in both city and country.



### The School Nurse

In discussing the school nurse, Gulick and Ayres, in "Medical Inspection of Schools," pay these workers the following splendid tribute: "To sum up the case for the school nurse, she is the teacher of the parents, the pupils, the teachers and the family in applied practical hygiene. Her work prevents loss of time on the part of the pupils and vastly reduces the number of exclusions for contagious diseases. She cures minor ailments in the school and furnishes efficient aid in emergencies; she gives practical demonstrations in the home of required treatments, often discovering there the source of the trouble which if undiscovered would render useless the work of the medical inspector in the school.

"The school nurse is the most efficient link between the school and the home. Her work is immensely important in its direct results and very far reaching in its indirect influences. Among foreign populations she is a very potent force for Americanization."

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# The Hospital Review

CONDUCTED BY CHARLOTTE A. AIKENS

Items of interest, annual reports, publicity literature, and material descriptive of newer methods and plans, in any department of hospital work, should be sent to the editor of this department, at 722 Sheridan Ave., Detroit.

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## Getting Money for Hospitals

Hospitals do get money and often in quite large sums by waiting for people to die. However, a great many hospitals are so situated that they cannot delay greatly needed improvements and extensions till some friend of the hospital dies.

Occasionally a living benefactor comes forward and offers to erect a new building, but in many places this much-to-be-desired benevolent individual is not to be found, and popular subscriptions in varying sums from all sorts of people have to be depended on if the additions are to be secured. To wake the people up to the needs, to force the people of a city to think and talk of hospital needs, the popular whirlwind campaign is being depended on more and more. Organization of an active working force with publicity of the right and most effective kind has been used in an increasing number of hospitals for the past few years. Among the hospitals which have proven the effectiveness of this method in getting large sums of money for hospital purposes are: Buffalo Homeopathic; Good Shepherd, Syracuse; Mount Vernon, N. Y.; Biddeford, Maine. Mount Vernon raised \$106,000 in twelve days; Biddeford raised \$33,700 in nine days. Buffalo Homeopathic is now enjoying its splendid new building and nurses' home as a result of its campaign.

Hamot Hospital, Erie, Pa., and Saratoga, N. Y., are among the latest to undertake this systematic campaign for money for new buildings and improvements. In Erie the slogan, "Help Hamot Hospital," was adopted, and for several days pennants and streamers with "Help Hamot Hospital" were flown from every automobile, dray and vehicle that could be induced to assist in this way. There was no getting away from the sound of the appeal. At the present writing the full results of the campaign are not at hand, but there is no doubt of the success of the plan if properly worked. We commend it to the consideration of hospitals in general which are handicapped for money for improvements.

## Disciplining the Interne

One of the topics presented for discussion at the round-table conference of superintendents at the American Hospital Convention in New York was this: "Supervision of the interne; and who should exercise authority in matters concerning him which affect the internal order, management and discipline of the hospital?"

It was one of the questions on which at least an hour might have been profitably spent, and there were many who expressed regret that the matter was not more fully discussed because of lack of time.

In hospitals in which there is a resident medical superintendent the question requires little discussion. When the superintendent is a woman the question is not so easily settled. Years of experience teach many things regarding the management of internes as well as other things. But what is the best course for the young, inexperienced nurse superintendent to take in this matter? Shall she alone attempt the managing and disciplining process of the young medical graduate to whom rules of any kind are very apt to prove irksome? Shall she carry her troubles to the managing board or to the medical staff? It is understood, of course, that in matters affecting the patients the medical staff or attending physicians must be the final authority. But there are a thousand and one circumstances liable to arise in the course of a year which affect the convenience and comfort of other members of the hospital household—hours for meals, off-duty time, noise, general deportment, etc. Shall the young superintendent attempt to correct violations of household rules or hospital etiquette alone, single handed, or not? How do you manage this question and how successful have your methods proven? Will you not give our readers the benefit of your experience in this matter?

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## Hackley Hospital, Muskegon, Mich.

This hospital, with a capacity of sixty beds, has an endowment of \$605,000—a condition that places a hospital of its size in a class by itself.

The hospital is built on the pavilion plan, with a central administration building, facing the north, while connected with this by spacious corridors are the east and west pavilions, devoted to the wards and rooms for patients. To the rear of the administration building is the service building, with kitchen, laundry, power, lighting and heating plant. These four buildings are really one single building, constructed of the best materials and practically fireproof. The extreme length from east to west across the front is 204 feet, while from the front of the building to the south end of the service building is 250 feet. The site occupies four city blocks. It boasts of a model kitchen, an isolation department for contagious diseases, a laundry and disinfection facilities, with every needed device for thorough and convenient work, and a complete hydrotherapeutic department. The nurses are provided with a most attractive home in a separate building.

Four years ago it was found desirable to reorganize the training school and provide for some remuneration. In the first year uniforms are provided but no monthly allowance. During the second year the nurses are paid \$10 monthly and in the third year \$20 each month.



### The Rockefeller Institute Hospital

The unique purpose of this hospital, its unequalled location and superb equipment, all tend to render it a source of more than usual interest to hospital visitors in New York. It stands at the foot of 66th Street on a high bluff, at the foot of which flows the East River. A finer situation for a hospital in a large city would be hard to find. Besides the hospital proper, which is eight stories high on one side and eleven stories on the side which slopes to the river front, there is a smaller building for the care of cases of contagious diseases which may be undertaken for special study.

It is proposed to select for special study a few diseases at a time and to bring to bear on the patients admitted to this hospital every agency which modern science has evolved for thorough investigation in the hope of discovering improved methods of treatment. At the present time but four classes of diseases are admitted—pneumonia, infantile paralysis, some certain kinds of heart diseases and syphilis. No charges are made for treatment, and the patients admitted have the satisfaction of knowing that anything that modern science has discovered for the cure or relief of their special diseases is available for their benefit.

The wards accommodate six beds each and open on a beautiful, wide balcony, large enough to accommodate all the beds in the ward. The doors are wide enough to easily admit of a bed being taken through. All beds are mounted on six-inch rubber castors and are provided with a "brake," thus rendering bed trucks unnecessary.

One floor is divided into private rooms, several of which have a private bath in connection.

The "service" rooms are admirably adapted to their purpose, with every facility for lightening labor and promoting sanitary cleanliness. The utensil racks are easily movable, being mounted on rubber-tired castors. Each has a drip pan which is easily removed for cleansing.

The soiled linen receptacle is an improvement that is sure to find its way into hospitals as its desirable features become known. This consists of a round frame of tubular iron which is mounted on castors. Into this a canvas bag fits and is held in place. The receptacle may be wheeled into the ward to receive soiled clothing as taken from the bed; when full the drawstring is pulled on the bag after detaching it from the frame, and it goes to the laundry without further handling.

Another feature of special interest is the refrigerating system. On each floor there is a special refrigerator for specimens which are to go to the laboratory, and also a receptacle for holding cracked ice for use in ice caps, etc., the ice being cracked in the basement to avoid the noise. Each diet kitchen has its own capacious refrigerator for caring for food supplies only.

On the fourth floor a very finely equipped hydrotherapeutic department is found. Facilities are provided for all kinds of baths at all needed temperatures. Besides these there are electric-light and hot-air cabinets for treatments, dressing rooms, etc.

The nurses' apartments are most attractive. The dining room and sitting rooms for nurses leave little to be desired. Each nurse has a room of convenient size to herself, and the furnishings and general surroundings certainly conduce to render the nurse's life as comfortable and attractive as can anywhere be found. The number of patients is small, the hours of duty are not excessive. There are at present both the facilities for the highest grade of nursing and the incentive to do the nurse's best to add to the sum of human knowledge of the diseases treated. Bedside records must be most thoroughly and carefully made, the most careful observation of symptoms is demanded, and the most painstaking care in regard to specimens which are as links in the chain of investigation.



NURSE'S PETS



HELPING NURSE—HOSPITAL FOR SICK CHILDREN, TORONTO

### A Unique Ambulance Dévice

In connection with the Ernest Wende Hospital, of the Health Department, Buffalo, a unique improvement which is the invention of the superintendent, Dr. Goodale, has been introduced. This device consists of a removable ambulance lining for special use in connection with the handling of contagious diseases. It is about seven feet long, five feet high and three feet wide; is made of ash, aluminum and steel. When complete, its weight is about 300 pounds. The entire structure is mounted on a set of ball-bearing wheels.

The scheme of its operation is something after

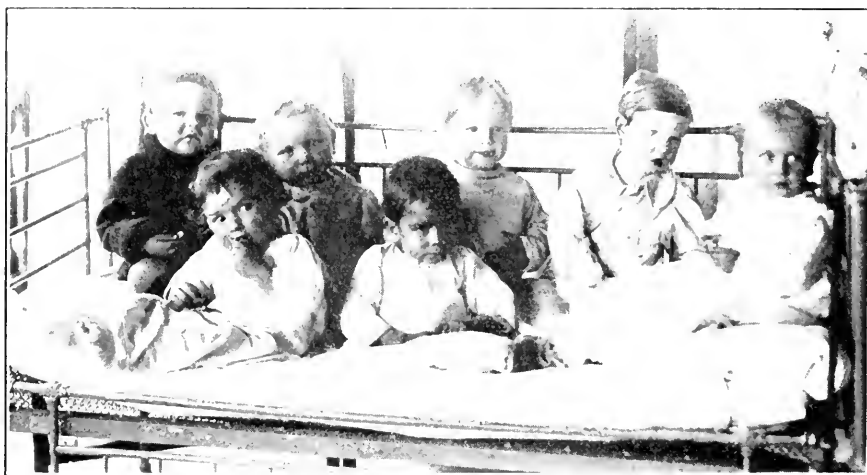
and located around a turntable in the garage. The linings can be fumigated within the cages or within the ambulance itself. They can also be removed, placed on the ground and washed out with the hose or some disinfecting solution.



### Notes and News

Miss Magdalene Rau is the newly appointed superintendent of St. John's Hospital, St. Paul, Minn.

Mrs. Geo. D. Sherman has given to the Syracuse Free Dispensary a complete equipment for the treatment of diseases of the ear, throat and nose.



A COT FULL OF BABIES

this fashion: An ambulance may be fitted with as many linings as are deemed necessary by the user. Each one is exactly similar to the other in size and construction and fills up the entire ambulance body. The patient rides inside of the lining and does not come in contact with the body of the machine. If a scarlet-fever patient has just been delivered to a hospital and there is another call in for a diphtheria patient the ambulance is taken into the garage, the scarlet-fever lining exchanged for the diphtheria lining, after which it is ready for the second trip. It can be used in connection with any style of automobile ambulance.

In the Ernest Wende Hospital there are two ambulances and five linings. The second ambulance is merely held in reserve in case the first one should break down. Each one of the five linings fits both machines.

These contrivances are kept in five separate steel cages, so made as to be hermetically sealed

Mrs. A. H. Smith has offered to give to the Geneva City Hospital a new home for nurses, to be known as the James A. Sheldon Memorial Home for Nurses. The offer of the gift has been accepted.

The Panther Creek Valley (Pa.) Hospital, opened last year, was destroyed by fire together with its furnishings and equipment. All the patients, 38 in number, were saved. Most of the patients were injured miners.

The new home for nurses at Oswego (N. Y.) Hospital has been completed. It provides accommodation for about thirty nurses.

Miss Lestella Bechtel has been appointed superintendent of the New Kansas University at Topeka. The hospital is to contain seventy-six beds.



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# The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

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## A Local Hospital Need

*To the Editor of The Hospital Review:*

In answer to "A Local Hospital Need" in the October "Hospital Review," I will say that I sympathize with the trustee who wants to run his hospital without a staff. Every superintendent knows that a hospital staff, while it has many advantages, is not an unmixed blessing. From the inside, a staff seems often to afford better care for the patient, better training for the nurse and better results for the hospital. On the other hand, the seeming unfairness to the patient, the endless accusations of favoritism, and the endless jealousies among the doctors are far from being ideal conditions.

Kalamazoo, Mich., has the distinction of possessing two hospitals, the only ones there are in the city, without a staff. Borgess Hospital, the older institution, is Roman Catholic; it may possibly have had a staff at its beginning, but has not for some years. Bronson Hospital, the Protestant institution, has, in the seven or eight years of its existence, never had a staff. The reason in the minds of the directors of the two hospitals seems to be that both places should be open without restriction to all reputable physicians and that neither patient nor doctor should be able to complain of favoritism.

The very occasional cases which come in without a doctor are disposed of without difficulty by asking them to make their own choice, as they nearly always have some one in mind. As an actual fact there is a group of doctors who prefer Borgess Hospital and another group who prefer Bronson, and who, as far as interest in each institution goes, practically constitute a staff. They are not, however, in possession of any authority, and this is what, from the viewpoint of the public and of the other doctors, saves the day.

The public of Kalamazoo would in all probability feel it an infringement of its rights for either hospital to appoint a staff. The doctors would unquestionably deem it a situation not to be borne.

As long as the public cannot and will not understand the reasons for having a staff and as long as doctors who are not on a hospital staff

feel that it is unfair to them and to their patients, it is certainly practicable to run a large proportion of our hospitals without a staff. In large cities a staff is undoubtedly the correct thing, but in the smaller ones it is of questionable value.

M. G.

*To the Editor of The Hospital Review:*

In reply to your article, "A Local Hospital Need," I would refer the writer of the letter quoted to the B—— Infirmary.

This is a small hospital run exactly as the inquirer mentioned wished. It was opened a year ago and has been successfully operated ever since. The results have won the keenest admiration of the patients as well as the many physicians and surgeons who place them there. It gives the exclusiveness of one's home, together with all the finest niceties of the most up-to-date hospital. Any further information I may be able to give to those interested in this kind of hospital I will cheerfully extend.

C. P., New York.

(Names furnished on receipt of stamped envelope.)

*To the Editor of The Hospital Review:*

May we offer a suggestion in response to "A Local Hospital Need" in October magazine? The question appears: "Is a medical staff a vital necessity to the small hospital?" If a medical staff is a necessity to the large institution, why shouldn't it be a vital necessity to a small hospital?

The small hospital is oftentimes an insignificant item in the eyes of the public. The laity are inclined to consider the larger hospital as necessarily a better-equipped and more modern institution. So we think the small hospital can ill afford to do without that which the larger hospital considers a necessity.

When a nurse performs her work conscientiously she does not fear the criticism of her juniors. Doesn't this apply to physicians and surgeons as well?

We are aware of the unprincipled physician who has a habit of criticizing and "nosing" into your cases. Leave these men alone; it isn't necessary to have them on your staff. There are plenty

of reputable and honorable physicians and surgeons to elect. You can get along very nicely without the "nosing kind."

In a small hospital, for instance, choose several eligible physicians and surgeons (all physicians don't operate and all surgeons are not interested in medical cases), also a physician well versed in anesthesia, who will give the anesthetic for every operation (as all physicians do not know how to administer an anesthetic properly), a surgeon and surgical assistant and an up-to-date medical attendant. These men work together constantly, and form what may be called "team work." We have found that they are congenial and successful.

Now this does not bar outside physicians from bringing patients to the hospital any hour of the day and night. They have the privilege of using the operating room at any appointed hour. This physician may perform his operation and choose his own assistant, anesthetizer, patient's room and nurse, if desired. Ask and you shall receive.

However, the hospital has no responsibility whatever in regard to this case. There should be an understanding between the regular staff and outside physicians and surgeons that the former is not responsible for work done by unskilled men.

We have all heard the familiar remark: "Well, if they had not taken her to the hospital she wouldn't have died." It is the hospital staff and nurses who receive this judgment, while the attending physician is regarded as "all koreect." We do not infer it was any fault of his; patients will die in hospitals, too.

In Miss Aikens's book, entitled "Hospital Training-School Methods and Head Nurse," occurs the following sentence: "It has been said that discipline is the difference between an army and a mob." Quite true; this expresses our opinion to the point. One or two must rule, not five, ten or fifteen different men. If you were going to use the various methods these men prescribe, you would soon find that you were mixed up in a rather complicated affair. Another point, these men would not take the interest in the hospital that the regular staff takes.

Therefore we think a hospital must have a supporting party, and no one can fill this position better than a regular staff.

PALMA AND HELEN, Wisconsin.



### The Hospital Office

To the Editor of *The Trained Nurse*:

In response to "Inquirer," under heading, "The Hospital Office," in the November issue, I

would suggest the method employed in a general hospital averaging 70 to 80 patients, where I have been night superintendent for several years.

Our night force consists of three pupil junior nurses (one for each floor), an orderly and a senior pupil nurse, who has had all her previous training (including operating room and obstetrics), acting as general supervisor on the floors, taking charge of surgical emergencies and confinements under my supervision. She oversees the preparation of the midnight lunch and relieves specials for sleep when no emergencies are on.

The senior nurse is also taught to relieve in the office when the night superintendent is needed elsewhere, always referring to her questions of importance.

In a fifty-bed hospital, where there are few emergencies, it might be possible to dispense with the senior pupil nurse, but it is a splendid experience for her and, as "Inquirer" says, the *one supervisor* is "tied up" in the office, which *must* be well cared for at all times.

If you cannot afford but *one* graduate outside the operating-room assistant then put her on at night and your senior pupil as day assistant, thus making the chief surgical nurse (graduate) your first assistant.

*By all means* have a graduate night superintendent. It pays, from the standpoint of the patients, from the standpoint of the training school and from the standpoint of hospital supplies, besides solving the "office" question.

NIGHT SUPERINTENDENT.



### The Country Nurse

To the Editor of *The Trained Nurse*:

In seeking new localities why does not the country-born and bred nurse oftener return to her native village or community? She will make more clear money at \$18, or even \$15, per week than at \$25 in the city. As to work, if she is dependable and personally likable she will soon have enough to keep her busy. In a village of 200 inhabitants land and houses can be bought or rented cheaply, food at first cost. Kindly neighbors, fresh air, good water and quite a variety of cases. She can often live at home, and thus avoid the gradual drifting apart from her people's interests and affections. Too often I have known of the untrained "stay-at-home" daughter having the burden of care of the old folks, because "sister gets \$25 per week, we can't ask her to help." Sister did not think the "stay-at-home" one ought to be paid much, however. Three years of hospital life make the average

woman feel that she simply must have \$25 or \$30. That third year should be done away with, and country girls advised to return to their home communities after graduation.

A SUCCESSFUL COUNTRY NURSE.

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### Obstinate Eczema

*To the Editor of The Trained Nurse:*

A short time ago my attention was called to a letter signed "Ohio" in your August issue, asking if any nurse had ever known of a case of eczema of the vulva and labia being cured. I have known of several but find that individual cases require individual treatment by a competent dermatologist.

As the superintendent of a hospital devoted to diseases of the skin I have exceptional opportunities to observe. I have seen many cures of cases which had been pronounced hopeless. There are many forms of eczema and also many forms of dermatitis. Like the individual each form must be treated differently. Before the patient described by "Ohio" gives up in despair I would suggest that she consult a physician who has had special opportunities for the study of skin diseases.

SARA BURNS, R.N.

N. Y. S. and C. Hospital, New York.

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### Letter from an Old-Time Nurse

*To the Editor of The Trained Nurse:*

The hospital wards during the last generation were equipped with painted iron bedsteads, no castors and no springs on the beds. Bags filled with straw instead of mattresses. Pillows the same. Tin plates and cups. Black blankets. Unbleached sheets. One nurse to each ward, no matter how many patients were in the ward. One of the convalescent patients acted as night nurse, whose duty it was to call the paid day nurse if anything went wrong. The paid nurse slept in a small room adjoining the ward. The convalescent night nurse received extra food for her services—that is, she was put on the so-called "extra list." She could also boss the other patients.

Hospitals at the present time generally have white enameled beds and ward appliances. White china plates, cups and saucers. White enameled or china ward appliances. Trained day and night nurses. Mattresses and hair pillows. White blankets, etc.

It will be seen that hospitals are steadily improving, but as we pity the old-time patients the future hospitals will be so far advanced over the present hospitals that they in turn will pity

us. The future hospital will not allow bed patients and convalescent patients to be in the same ward. The bed patients will have a day ward and a night ward. The doors will be wide enough to allow the bed patients to be wheeled from the day ward to the night ward. All the beds will be adjustable. The convalescent patients will not have to eat their meals in the same ward in which they sleep. The purchasing agent will know what kind of hospital appliances to buy. "Not how cheap, but how good and practical," will be the rule. More attention will be given to the comfort of the patient and less to show. Convalescent patients will not be compelled to get out of bed at 6 A.M. in order that the ward can be made ready for inspection. Acute cases, chronic cases and convalescent patients will not be in the same ward. All hospital positions will be filled by people who are trained to fill such positions.

D. H.

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### Business Occupation for Nurses

*To the Editor of The Trained Nurse:*

I shall be glad if you will allow me a space in your "Letter-box." For many years I have been engaged in the work of nursing, and now feel that while the work is interesting and beautiful it is beginning to cause some change in my usual good health. I propose to take up some work that will be pleasant and profitable, and would be glad to correspond with any nurse who is also considering a change in her work and who would consider a business partnership. Will you kindly favor me by forwarding to my address any communications in answer to this letter? Thanking you,

S. E. G., R.N.

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### A Question of Ethics

*To the Editor of The Trained Nurse:*

I was much interested in the letter relating to a question of ethics in the July number, and I beg for a hearing. I think the nurse could not well do otherwise than leave the case when the doctor was dismissed. We as nurses are not in position to express our opinions as to the competency or incompetency of the physician. When we consider that each physician has his own methods and that these may seem conflicting to the untrained individual, we can see how the nurse who has faithfully tried to do her duty to both doctors may be put in an embarrassing position through the questions of patient or family. Lastly, I consider that the nurse's duties are at an end when the doctor who has called her is dismissed.

A SIOUX CITY NURSE.

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# Book Reviews

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*District Nursing.* By Mabel Jacques, graduate of the Hospital of the University of Pennsylvania, with an introduction by John H. Pryor, M.D. Cloth, 12 mo. \$1.00. For sale by Lakeside Publishing Co.

Considering the importance that district nursing has assumed in the past few years it has been most astonishing that there has been so little helpful literature on the subject. While many able articles have appeared from time to time in nursing and other journals, there has been up to the present time no book which could be used as a manual of reference for those wishing information and help on the numerous phases of this important subject. We would not be understood as in any way disparaging other books which have been published, but simply mean that these have not met the need as we have found it.

It is with great pleasure, therefore, that we announce the publication of Miss Jacques's book, for we believe that it fills in the most satisfactory manner the proverbial "long-felt want." It is quite amazing the amount of information Miss Jacques has condensed in one small volume, for as we read through the pages we feel that no spot has been left uncovered and that no question could be asked us that is not answered there. Starting with the origin of district nursing and the early plans for the work, the author shows us how the work developed, bringing into being a new branch of professional nursing, and then tells of the type of nurse needed, of the special branches, and the district nurse in the tuberculosis crusade. A very important part of the book is that dealing with the association; how to start an association, the choosing of a superintendent, the districting of a city, the supplies necessary for the work, the district-nurses' home, the wearing of uniforms, the district nurse and the physician, social medicine, advertising, the starting of suburban branches of city associations, foreign nurses in American associations, the special nurses needed for surgical work, obstetrics and the care of contagious patients. Miss Jacques is a writer of charming short stories, and she has brought this gift into her present work, for instead of giving us all this valuable information in the form of dry statistics she illustrates each point with a little narrative of

human nature and heart interest. You want a copy of this book for your own use, and you want to strongly recommend it to those of your city, town or village who are contemplating starting social work in any of its branches.



*The Conquest of Nerves; A Manual of Self Help.*

By J. W. Courtney, M.D. Cloth, 12 mo. \$1.25. For sale by Lakeside Publishing Co.

In judging of a book it is well to have clearly in our mind its object and what it is intended to accomplish, and then judge of its merits from that point of view. The author tells us that "the object of this modest little volume is to fulfill that most important teaching function which the busy doctor is unfortunately too often forced to neglect. Hence it is the author's most earnest desire that it should come into the hands of individuals with 'nerves' at that critical moment when, with faith in the curative power of orthodox medical science dead, and that in themselves fast dying, they ordinarily fall into the first trap set for them by quackery. In these pages they will be taught the things that are vital to their recovery, that there is absolutely no royal road to health, that the return to nervous vigor is mainly a matter of the grace of God and their own intelligently directed endeavors, and that *psychotherapeutics* and *auto suggestion* reduced to terms of common understanding mean *self discipline*, and have nothing whatever to do with some vague, subtle, curative force which can be injected into their equally vague *subconscious* or *subliminal* minds, either by a divinely favored individual or by themselves. . . . That whatever of real value there is in unorthodox methods is borrowed from medical science, and, finally, that they are in no wise called upon to do violence to their intelligence, or, in plain English, to make downright fools of themselves in the effort to be well." In the main the therapeutic measures advocated are in accord with the doctrines of modern medical science, and where they are not they will still meet with its approval. They are essentially so simple and sane that to those who are constantly looking for a short and easy way out of their troubles they will probably make no appeal.

(Continued under Publisher's Desk)

# In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE

## California

The one hundred and twenty-five nurses in the California Hospital, Los Angeles, have been very much interested in the recent successful campaign in California in favor of woman's suffrage.

For several years the California Hospital management has had a daily paper prepared from the current morning papers, and this is read at luncheon. The reading of the paper occupies from eight to ten minutes and it keeps the nurses abreast with the times, and at the same time

Los Angeles registered in very large numbers.

The county clerk of Los Angeles County deputized Miss Mary Foy, a well-known suffragist, to register the nurses at the California Hospital. Picture No. 1 shows the first registration. The one who is registering is Miss Mildred Nichols, assistant superintendent. While the superintendent of nurses, Miss Anna A. Williamson, is not an active suffragist, Miss Nichols, her assistant, was very ardent in her advocacy of the cause, and it was very fit that she should be the



FIRST NURSE REGISTERING, CALIFORNIA HOSPITAL, LOS ANGELES

gives them topics for conversation with their patients other than the usual hospital gossip.

During the recent weeks they have been wide awake to the reports of the campaign, and when the daily paper reported encouraging news the applause showed that quite a proportion of them were in favor of women voting.

As everybody knows, woman's suffrage has now become a part of the constitution of the State of California. The first opportunity to vote was at the primary election in Los Angeles, October 31.

To be qualified for that occasion women in

first one to register. We do not know, but probably she was the first woman who ever registered to vote inside the walls of a hospital. The second picture shows one of the nurses making her affidavit. While quite a proportion of the nurses did not believe in woman's suffrage, yet now that it has become a part of the organic law of the State they practically all believe it is their duty to register and vote.

The campaign in California was a very exciting one and the women had a machine that surpassed that of any of the old political organizations.

### Army Nurse Corps

The following nurses have recently passed their examination for the grade of chief nurse: Miss Elizabeth D. Reid, Miss Mary C. Jorgensen, Miss Gertrude H. Lustig.

These nurses have been assigned to duty as follows: Miss Reid as chief nurse, Army General Hospital, Presidio of San Francisco, Cal.; Miss Jorgensen as chief nurse, Army and Navy General Hospital, Hot Springs, Ark.; Miss Lustig, chief nurse, Army Hospital, Fort William McKinley, Rizal, P. I.

Realizing the importance of careful selection of nurses for service in the Philippines, and that the success of the foreign service depends largely upon proper supervision, the recommendation was made by the superintendent of the Army Nurse Corps that our most experienced chief nurse be assigned to this duty.

In accordance with this recommendation orders were issued for the transfer of Miss Dora E. Thompson, chief nurse, from the Army General Hospital, Presidio of San Francisco, California, to chief nurse of the Division Hospital, Manila, Philippine Islands. Miss Thompson, a graduate of the New York City Training School for Nurses, was appointed a member of the Army Nurse Corps in April, 1902, and served both in this country and the Philippines. She passed the examination for promotion to the grade of chief nurse in 1905, and was appointed chief nurse, Army General Hospital, Presidio of San Francisco, in August of the same year. This hospital is the largest and most important of those to which the members of the Army Nurse Corps are assigned. Until the recent opening of the Walter Reed General Hospital in Washington, D. C., all newly appointed members of the Army Nurse Corps were assigned there for instruction in the duties peculiar to service in Army hospitals.

Miss Thompson has been a most successful chief nurse, with practically continuous duty for over six years. In recognition of her valuable services she was assigned in 1908 to temporary duty on the Army transport *Crook*, for a trip to Alaska. She was in San Francisco during the earthquake and fire of 1906, and in the midst of the frightful stress of those days and nights, with the burning hills constantly in view, she planned for the equipment of additional quarters for nurses and hospital accommodations for refugees, assigned volunteer nurses to duty and looked after the comfort and well-being of patients and nurses alike with a calm dignity and unselfish spirit which won for her special commendation from the commanding officer of which any nurse

might well be proud. Miss Thompson sailed for the Philippines on August 5, carrying with her the best wishes of the hospital staff and members of the Army Nurse Corps.

The following are the changes in the Army Nurse Corps during the month of October: Re-appointments: Miss Lyda M. Keener, graduate of the McKeesport General Hospital Training School, assigned to duty at the Army General Hospital, Presidio of San Francisco, California. Miss Gertrude B. Buckner, graduate of the Virginia Hospital Training School, assigned to duty at the Walter Reed General Hospital, Takoma Park, D. C.

Transfers: From San Francisco, Cal., to the Philippine Division—Miss Jeanette E. Allen, Miss Victoria E. Armstrong, Miss Leonora Bricker, Miss Clara Bell White. From the Philippine Division to San Francisco—Miss Sarah T. Little, Miss Ethel S. Williamson. From the Division Hospital, Manila, P. I., to Fort Wm. McKinley, Rizal, P. I., Miss Gertrude H. Lustig, chief nurse, Miss Clara M. Erwin, Miss Etta M. Staub.

Discharges: From San Francisco, Cal.—Miss Emmy C. Hoffstrom, Mrs. Amy E. Miller. From the Philippines Division—Miss Mary Warburton, Miss Lulu H. Detweiler.

JANE A. DELANO,

Superintendent, Army Nurse Corps.



### Massachusetts

The graduating exercises of the Framingham Hospital Training School for Nurses were held at the Gorman Theatre, South Framingham, Wednesday evening, October 4, 1911.

The programme consisted of music, vocal and orchestral, and a short address of welcome by Mr. J. M. Merriam, president of the hospital. The Rev. Harold C. Feast delivered the invocation and Rev. J. F. Heffernan pronounced the benediction. The address to the nurses was made by the Rev. R. K. Marven. Miss Ethel Humphrey, matron of the hospital, presented the pins and Dr. John C. Potter, after speaking at length concerning the efficient work which the graduates had done during their three years of service, presented the diplomas. Afterward a reception and dance was held at the Nurses' Home—"Day Memorial Hall"—and a social evening was enjoyed by all.

Five of the recent internes who acted as ushers were Dr. W. M. Bodwell, Dr. J. C. Carr, Dr. L. F. Playse, Dr. J. H. McCame and Dr. J. J. Cosgrove.

The following young women received pins and



NURSE MAKING AFFIDAVIT TO REGISTRATION OFFICER

diplomas: Miss Mabel Church, Miss Evelyn Gough, Miss Christine Higgins, Miss Katherine Larkin, Miss Hattie Matheson, Miss Nida Richardson, Miss Alice Kitteridge, Miss Florence Robbin and Mrs. K. M. Tryon.

The class of 1910 of the Framingham Hospital Training School for Nurses held its first reunion banquet October 5, at Hotel Lenox, Boston. Nine covers were laid, and all enjoyed the excellent cuisine and service. Those present were Miss Irene Skellie, of Cambridge, N. Y.; Miss Edythe Tulis, of Weston, Mass.; Miss Gertrude Martin, of Hudson, Mass.; Miss Alice Hearsey, of Stow, Mass., and the Misses Josephine Bird, Jessica Dowsell, Helene Maclean, Elizabeth Nutter and Frances Wetmore, all of South Framingham.

A most enjoyable time was spent exchanging anecdotes of the profession and renewing acquaintances. After the banquet the nurses went to see Raymond Hitchcock in "The Red Widow" at the Colonial Theatre.

A year ago upon graduating the class held a similar banquet at the same hotel and then resolved to hold reunions each year in the same manner, if possible. Last year eleven covers were laid, but professional duties kept two of the members absent this year.

The class of 1910 have always been noted for their kindly interest and loyalty to one another.

Friday, the 6th of October, a few of the Framingham Hospital graduates attended the public

clinic at the Boston City Hospital. After the clinic Miss Bethel, a graduate of the same institution, conducted the nurses about the hospital and Nurses' Home. Through her courtesy and kind attentions the visit was made interesting and instructive.

Miss Margaret Joyce, G.R.N., who has been at Nantucket all summer, accompanied her patient to St. Louis.

Miss Irene Skellie, who has been doing private nursing in Cambridge, N. Y., visited friends and classmates in Massachusetts during the first two weeks of October.



Miss E. Grace McCullough, who for several years was in charge of the dietary department of Massachusetts General Hospital, Boston, this autumn has been giving lectures on hospital and invalid dietaries to the pupils of several training schools in the East and before alumnae associations. Under Miss McCullough's management the dietetic department of Massachusetts General Hospital attained a degree of success and efficiency that caused it to be known as a model of what such a department in a hospital should be. Her paper on "Hospital Dietary Problems," presented before the American Hospital Convention in New York, was a most practical and masterly presentation of the subject. It is not strange that problems relating to hospital dietaries have poured in on Miss McCullough by the hundred since that convention. It would not be at all strange if Miss McCullough should find herself

called into a wider field of usefulness, whereby a larger number of hospitals might benefit by her splendid organizing ability and wide experience with hospital and invalid dietary problems. For the present she may be addressed at The Plaza Apartments, Baltimore, or through this magazine.



A very pretty Hallowe'en Party took place October 31 at the Nurses' Home, Long Island Hospital, Boston Harbor. The corridors and living room of the home were artistically decorated for the occasion. An amusing pantomime was presented by the class of 1912, the senior nurses in ghostly masks and shrouds acting as ushers. Also, gypsies in fantastic costumes told fortunes. The usual Hallowe'en games were played, while dancing and refreshments served from a most bewitching booth completed a very merry evening. Miss Margaret J. Chisholm, superintendent of nurses, presided as hostess.



#### Connecticut

At the meeting of the Alumnae Association of St. Francis Hospital Training School for Nurses the following officers were elected:

President, Elizabeth F. Riley, R.N.; vice-president, Elizabeth A. Toomey, R.N.; secretary, Exilda I. Marshall, R.N.; treasurer, Rose T. Moore, R.N. Executive committee: Susan A. Gralton, R.N.; Mary A. Ahearn, R.N.; Josephine C. Horan, R.N.; Loretta B. Donahue, R.N.

A committee for the coming whist was chosen. Interesting papers were read by L. B. Donahue and K. V. McCarthy.

Reverend Mother spoke to the nurses on piety being a necessary accessory to the successful trained nurse, for the nurse and her patient as well, for this life and the life that is to come.

Supper and a musical hour followed.

The regular monthly meeting of the Connecticut Training School Alumnae was held in the Nurses Dormitory, November 2, the president, Miss Downs, in the chair. The meeting was much larger than was expected, because so many of the New Haven nurses were in Torrington on account of the typhoid epidemic. There were many interesting discussions, among which was the best way of raising money for the contingent fund. The next meeting will be held Thursday, December 7.



#### New York

The New York State Nurses Association held its tenth annual meeting in the assembly chamber

of the capitol at Albany, N. Y., October 18 and 19.

On Tuesday afternoon, October 17, a meeting of the superintendents of training schools was held in the assembly parlor, which was presided over by Miss Clara D. Noyes, R.N., superintendent of Bellevue and allied hospitals. This meeting was held for the purpose of forming a permanent organization.

Miss Clara D. Noyes was elected president and Miss Amy Hilliard secretary. In the evening of the same day an informal reception was given the superintendents by the Hudson Valley Superintendents' Association at The Gainsborough. The following received: Miss I. M. Root, Miss Mary Taylor, Miss L. K. Arnold, Miss J. A. Littlefield, Miss E. Caddy, Miss C. A. Wheeler.

At the opening session of the State Association Rev. Louis R. Lounsbury, of Trinity M. E. Church, offered prayer. Mayor McEwan made an address of welcome. Miss Annie W. Goodrich presented the report of the training-school inspector, after which was an address by the president, M. Louise Twiss, R.N. In the afternoon Dr. Henry L. K. Shaw, of Albany, addressed the association at the Albany Hospital on "Modern Problems in Infant Feeding."

At the close of the session the nurses were entertained at tea by the Albany Hospital Nurses' Alumnae Association.

In the evening Augustus S. Downing, M.A., LL.D., first assistant commissioner of education, read an interesting paper on the "Nurse Practice Act and Its Administration." This was followed by "The Professional Spirit," by Miss Stewart, assistant director, department of nursing and health, Teachers' College, Columbia University, New York City. Miss M. Adelaide Nutting, R.N., who was to give the paper, was not able to attend.

The first session of the second and last day of the convention was opened by reading the report of delegate to annual meeting of American Nurses Association, by Miss Catherine De Witt, R.N., of Rochester, N. Y. This was followed by an address by Miss Isobel McIsaac, R.N., interstate secretary, Boston Harbor, Mich.

A paper, "The Opportunities and Need of Nurses Trained for Social Service in Small Cities," was given by Miss Anna M. McGee, R.N., Schenectady, N. Y.

Next came "District Nursing in Westchester County," by Mrs. Ralph Waldo Trine, of Croton-on-Hudson.

At one o'clock recess was taken for lunch at The Hampton, where addresses were made.

In the afternoon the first paper was: "Reports from the Work of Miss Mary R. MacKenzie,



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Superintendent of Victorian Order of Nurses in Canada," this paper taking the place of the one "Little Mothers," by Dr. S. J. Baker, of New York City, who was unable to be present. "The Training of Nurses in Mental Affections" was a very interesting paper by Dr. J. Montgomery Mosher, of Albany.

After the papers a question box was conducted by Miss Elizabeth Dewey, R.N.

It was decided to hold the convention next year in Utica.

Miss De Witt was chosen delegate to the American Association in June.

The election of officers resulted as follows: President, Mrs. C. V. Twiss, New York; vice-presidents, Elizabeth Dewey, Brooklyn, and Emma Jones, Rochester; secretary, Mrs. Stevenson, Brooklyn; treasurer, Anna O'Neil, Utica; executive committee, Miss Yocum, Miss Maxwell and Miss Daniels, New York. Anna W. Goodrich, of Albany, was elected trustee.

The Kings County Nurses Association met for the first time since reorganization in the Kings County Medical Building. Delegates were present from the St. Mary's, German, Methodist Episcopal and Kings County Alumnae associations. Two new members were received. Four delegates were elected to carry the county's votes to the State meeting at Albany—Miss Parry, Miss Warburton, Miss Denning and Miss Kurtz. The county will now have four meetings a year—the annual meeting the first Tuesday in February and regular meetings first Tuesday in October, December and May. It is desired that the several societies have their full number of delegates at each meeting.

A meeting of Brooklyn nurses was held October 20, under the auspices of the Kings County Nurses Association, at the Long Island College Hospital Alumnae club rooms, for the purpose of listening to an address by Miss McIsaacs. Miss Decker, the registrar of the Long Island College Nurses Alumnae, and Miss Hoag acted as hostesses. Special guests were Miss Riddle, superintendent of Newton Hospital, Massachusetts, and Miss Kurtz, of Ward's Island Hospital. The society also had the pleasure of introducing and congratulating Mrs. Charles Stevenson, the newly elected secretary of the New York State Nurses Association.

The New York City Training School for Nurses, Blackwell's Island, connected with the City, Maternity and Gouverneur hospitals, held its thirty-sixth annual commencement at the

Nurses Home, October 26. There were forty-two graduates and ten post-graduates. Hon. Michael J. Drummond, commissioner of public charities, presided. The annual report was given by Miss Jane M. Pindell, superintendent. Addresses to the graduates were given by Rev. Leighton Parks, D.D., H. Seymour Houghton, M.D., and Hon. Dudley Field Malone. Mrs. Cadwalder Jones administered the Hippocratic oath and presented the diplomas. Prizes were presented by the commissioner.

A reception followed in Brennan Hall.

The monthly meeting of the Graduate Nurses Association was held at the Kingston City Library, Monday, September 30, 1911, the vice-president, Miss Ryan, in the chair. Members present, 11. In the secretary's absence Miss Meagher, assistant, acted. Miss Moore proposed that the nurses increase their charges for contagious work, including typhoid fever, to \$30 per week, physicians to be notified of the change of rates. Moved, seconded and carried. Other members not at meeting to be notified of change. Moved by Miss Van Keuren that for the first week of obstetrical work a charge of \$30 be made. Seconded and carried.

Proposed by Miss Meagher that we discuss and decide what course to pursue in case there were two patients to care for instead of one. Moved that a charge of \$5 per week extra be made. Seconded and carried. It was suggested to send cards to patients and physicians in regard to prices, hours, etc. Miss Moore to send card to patient if she receives call direct. Each nurse to have a card to use if she so desires. Cards, stamped envelopes, etc., to be defrayed by the club. Moved, seconded and carried. Adjourned.

Died at her home in Brooklyn, N. Y., October 7, 1911, Feenie Lambrecht, class of 1902.

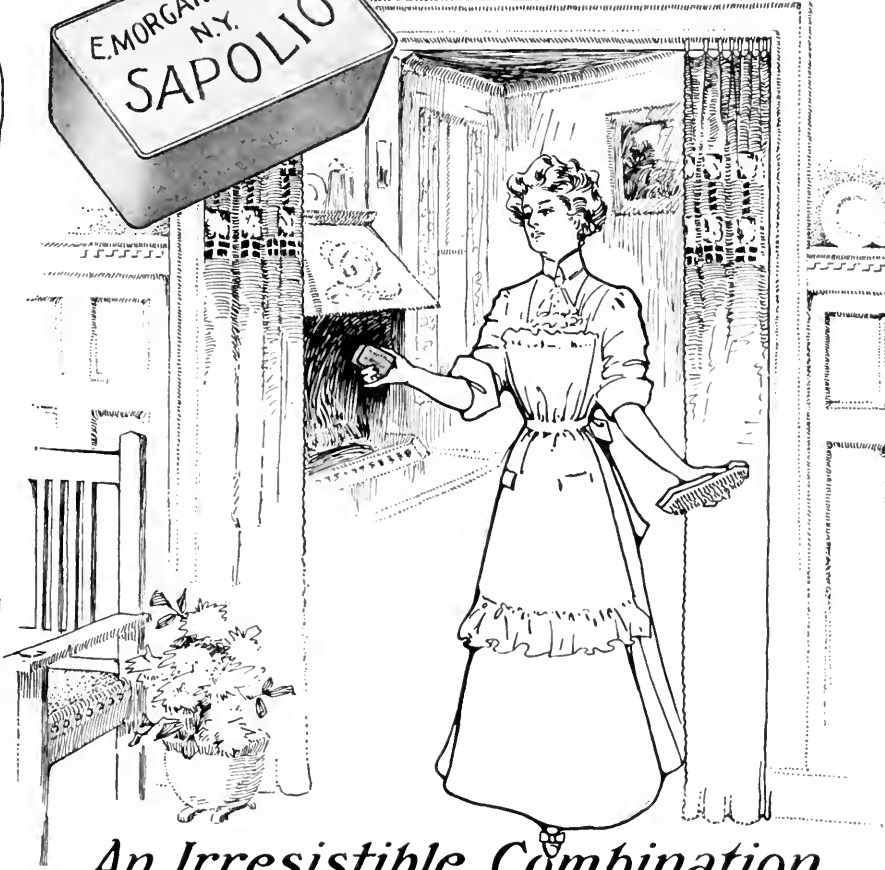
At the meeting of the Alumnae Association of the German Hospital Training School for Nurses the following set of resolutions was adopted:

*Whereas*, It has pleased God to take unto Himself after much suffering our beloved friend and sister; therefore be it

*Resolved*, That we desire to express our sincere sorrow for her death, and extend to her family our heartfelt sympathy in their bereavement.

*Resolved*, That a copy of these resolutions be sent to the family of our deceased sister, to the nursing journals, and a copy recorded in the minutes of the alumnae.

Committee: Mrs. G. H. Reichers, Miss F. Roller, Miss M. J. Engel.



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## WORKS WITHOUT WASTE

With much sorrow we have to record the death of Mary A. Spencer, of Sidney, N. Y., on August 20, 1911.

She was a graduate of the German Hospital Training School, of Brooklyn, in 1908, a registered nurse and also a member of the American Red Cross Society of Nurses.

Her illness was brief, and the announcement of her death a great shock to all.

Kind, sympathetic and conscientious, even to the slightest detail, made Miss Spencer a true nurse, and her memory will come to her classmates and fellow workers as something noble and uplifting for the work which she has left us to further. Therefore, be it

*Resolved*, That we, the members of the Alumnae Association of the German Hospital Training School for Nurses, desire to extend to her family our heartfelt sympathy in their bereavement.

*Resolved*, That a copy of these resolutions be sent to the family of our deceased member, to the American Red Cross Society, the nursing journals and a copy recorded in the minutes of the alumnae.

Committee: L. C. Sherman, D. A. W. Buehrman, C. A. Wolff.

Through the courtesy of Rear-Admiral Hugo Osterhaus, U. S. N., the enrolled Red Cross nurses were invited to visit the fleet on the afternoon of October 27. The committee in charge of the arrangements were Anna C. Maxwell, chairman; Helen F. Draper, Beatrice Van H. Stevenson and Rose L. Johnson.



#### New Jersey

The Mountainside Hospital Nurses' Alumnae Association, of Montclair, held its annual meeting October 18, 1911, at the Nurses' Club. New officers were elected for the ensuing year. The alumnae is pleased to report an increase of twelve members. An interesting bit of news was received at this meeting, namely, that one of our nurses, Miss Mabel LeRoy, was doing district tuberculosis nursing among the fishermen and longshoremen of Newfoundland, under Dr. Grenfeld.

After the meeting adjourned refreshments were served and a delightful social afternoon was spent.

The Nurses' Alumnae Association of St. Barnabas Hospital, Newark, held its autumn meeting at the Nurses' Home Monday afternoon, October 23. After the general business was concluded refreshments were served through the kindness of the Sisters, and a very pleasant hour was spent.

At their meeting of October 23 the members of the Nurses' Alumnae Association of St. Barnabas Hospital learned with deep regret of the death on August 25, 1911, of Miss Florence L. Lyon, of the class of 1902, and of the death on September 15 of Miss Cornelia Hornibrook, class of 1905. The association took action on these deaths in the following resolutions:

*Whereas*, We learn with deep regret of the death of one of our charter members, Miss Florence L. Lyon, who has been a nurse in active service since her graduation, and whose life was one of devotion to her profession; therefore be it

*Resolved*, That we, the members of this Alumnae Association of the Hospital of St. Barnabas Training School for Nurses, desire to express our deep sorrow for her death, and to extend to her family our heartfelt sympathy in their bereavement.

*Resolved*, That a copy of these resolutions be sent to her mother, a copy to the nursing journals, and a copy recorded in the minutes of the association.

Committee: Emma Young, Laura Reesor, Anna Kilshaw.

*Whereas*, We learn with deep regret of the death of our associate, Miss Cornelia Hornibrook, who has been a nurse in active service since her graduation, and whose life has been one of faithfulness and conscientious work; therefore, be it

*Resolved*, That we, the members of this Alumnae Association of the Hospital of St. Barnabas Training School for Nurses, desire to express our deep sorrow for her death, and to extend to her family our heartfelt sympathy in their bereavement.

*Resolved*, That a copy of these resolutions be sent to her mother, a copy to the nursing journals and a copy recorded in the minutes of the association.

Committee: Emma Young, Laura E. Reesor, Anna Kilshaw.



#### Pennsylvania

The ninth annual meeting of the Graduate Nurses' Association of Pennsylvania was held October 17, 18 and 19, 1911, at the Fort Pitt Hotel, Pittsburgh, Pa. At the opening meeting on the morning of the 17th the address of welcome by Maitland Alexander, D.D., was responded to by Miss Sara M. Murray, of Philadelphia. The president, Miss Ida F. Giles, of Philadelphia, made her annual address. The speakers at the afternoon session were Miss Margaret Maloney,



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 lege of Phila., Univ. of Penna.)  
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 Germany, and lecturer to St. Joseph's, St. Mary's,  
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of Boston, who told of the fight against tuberculosis; Dr. H. F. Price, who spoke on "Infant Mortality," and Dr. Jas. F. Edwards, who spoke on "The Visiting Nurse." At the morning session of the 18th Dr. Ellen J. Patterson spoke on "Ear, Nose and Throat"; Dr. Jos. H. Barach on "Care of Tuberculosis," and Miss Glenn on "Social Service." At the afternoon session Miss Violet McCulley spoke on the "Puerperal Mother and Child," and Miss May Milligan on "The Mission Club." The feature of the morning session of the 19th was an address on "The Red Cross," by Miss Jane Delano. The election of officers resulted as follows: President, Miss Ida F. Giles; first vice-president, Miss L. A. Giberson; second vice-president, Miss Anna M. Rindlaub; secretary, Miss Mary S. Sims; treasurer, Mrs. M. J. Wier Keer; third director, Mrs. M. I. Moyer; fourth director, Miss Caroline Milne. The next meeting will be at Erie.

The ladies' committee of the Homeopathic Hospital entertained the members of the State Association of Pennsylvania during the recent annual meeting at Pittsburgh. The reception was in the Nurses' Home on Aiken Avenue, and notwithstanding the very inclement weather of the evening of October 17 the large reception rooms were filled to overflowing.

Miss Carolyn Gray, the superintendent of the Training School, assisted by Mrs. William S. McCreight, the president of the Alumnae Association, and Miss Ida F. Giles, the president of the State Association, received the guests.

Several recitations by Miss Anacker and a musical programme was followed by a dainty collation.

The large Nurses' Home was beautifully decorated with palms, ferns and flowers from the conservatory of Mrs. Alexander R. Peacock.

The regular monthly meeting of the Alumnae Association of the Philadelphia Lying-in Charity Hospital was held at the hospital Thursday afternoon, November 2, at three o'clock. In the absence of the president Miss Wright, Miss Anna Taylor presided. Twenty members were present. The topic for discussion was the bazaar to be given at the club house on November 28 and 29. Part of the proceeds will be given to the Nurses' Relief Fund. The Alumnae Association will have a table at the bazaar. Those wishing to contribute to this table will please send articles to the hospital marked "For the bazaar."

The Howard Hospital Alumnae Association, Philadelphia, reports that Miss Ellen D. Mit-

chell, superintendent of De Lancey Hospital, Philadelphia, was married May 30. The vacancy at the hospital caused by her resignation was filled by appointment of Miss Florence M. Biddle, graduate of Howard Hospital. The vacancy at the South Eastern Dispensary, caused by the resignation of Miss Biddle, was filled by the appointment of Miss Julia F. Meade, who is now superintendent.



### North Carolina

On October 19, 1911, an alumnae association of the graduate nurses of St. Leo's Hospital, Greensboro, was formed, nine names being enrolled as charter members and several graduates of the institution signifying by letter their interest in the movement and desire to become a member of the association. Organization was perfected by the election of the following officers: President, Mrs. D. Hayden; vice-president, Miss Nora Blow; secretary and treasurer, Mrs. Andrew Schlosser. These, with Misses Annie Reveley, Lula Patterson, Hoke, Mary Walker, Shannon and Ida Shore, form the membership of the alumnae.

The organization meeting was held in the assembly room of the hospital. Letters from many of the twenty-five graduates of St. Leo's were read.

At the close of the business session the Sisters of the hospital were hostesses at a delightful social session, dainty and delicious refreshments being served.



### Michigan

The next regular meeting of the Michigan State Board of Registration of Nurses will be held at Lansing, January 18, 1912. At this meeting applications for registration will be considered and passed upon by the board. All nurses contemplating registration should address the secretary of the board for registration blanks and particulars. R. L. Dixon, M.D., Lansing, Mich.



### Nebraska

The State Association of Graduate Nurses met in Fremont, October 17, 1911, at annual meeting. The morning session was devoted to business and the election of officers. Ballots had been sent to all members, and the following officers were elected for the coming year: President, Miss Victoria Anderson, Omaha; first vice-president, Miss Carrie Louer, Omaha; second vice-president, Mrs. Charles Burns, Lincoln; recording secretary, Miss Lillian B. Stuff, Lincoln; corresponding secretary, Miss Jennie Higgins, Lincoln; treasurer, Miss

# Ideal Winter Breakfast

At this season of the year, especially, a "good breakfast" is considered, by most doctors, highly necessary before starting on their daily round of professional activities.

A "good breakfast" may signify at least one of two different things. It may mean what merely tastes good, or what is highly nourishing, easily digestible, pleasantly appetizing.

The following is suggested, not only for the physician's personal consideration, but for his many business and professional friends—those who work mentally or physically, or both.

Here's the "Ideal Winter Breakfast":—

*Grape-Nuts and Cream;  
2 soft boiled eggs;  
2 slices crisp toast;  
1 baked apple;  
Cup of Postum with cream;*

The above will afford ample nourishment for the forenoon's activities; is a "well-balanced" ration; is sufficiently varied and appetizing.

One thing is of special importance in preparing this menu. The Postum must be boiled fully 15 minutes after boiling begins in order to obtain the full richness of flavour and color. This latter should be a dark seal brown, changing to a "golden" brown on the addition of cream. Sugar to taste.

We invite a trial of this breakfast for a few mornings for the purpose of ascertaining the feeling of vigor it imparts and the sense of comfort enjoyed from having "enough and not too much."

The "Clinical Record" for the physician's bedside use will be sent prepaid to any physician or nurse who had not already received one. Also a box of samples of Postum, Grape-Nuts and Post Toasties.

Postum Cereal Co., Ltd., Battle Creek, Mich., U. S. A.

Mary Ducker, Omaha; first director, Miss Kate Graham, Lincoln; second director, Miss Anne Olson, Fremont.

The amendments to the Constitution were voted on and passed with one exception, that of raising the yearly dues to \$4, which should include a yearly subscription to the *American Journal of Nursing*. When this failed to carry another amendment was proposed, raising dues to \$2.50 a year, without the journal. This amendment was carried. At the afternoon session papers were read by Dr. R. E. Buchanan, on "The Relations of the Physician and the Nurse"; Dr. H. N. Morrow, "Preventative Nursing"; Dr. George Haslam, "The Objects and Advantages of Physical Training." After the meeting the Commercial Club of Fremont gave the visiting nurses an auto ride through the town, after which they were brought back to the hall for a dainty luncheon. The association will meet in Lincoln in January.

Dr. Benjamin F. Bailey Sanatorium notes: Miss Winifred Owen, class of 1911, has accepted a position as surgical nurse at Dr. Larsen's Hospital, Sycamore, Ill.; Miss Cora Higgins, class of 1908, is nursing in St. Anthony's Hospital, Denver, Colo.; Mr. and Mrs. Osborne Onsdale, classes of 1908 and 1909, who were located in Santa Barbara, Cal., have gone into business in Los Angeles; Miss Kate F. Taylor, 1900, has returned from Spokane, Wash.; Miss Effie E. Foreman, class of 1910, has located in Hamilton, Mont. She will have charge of the new City Hospital. Marjorie Porter, class of 1911, is acting head nurse at the hospital at Moorhead, Minn.; Miss Edith E. Hurd, class of 1911, is practising in Canon City, Colo. An addition is being built to the Dr. Benjamin F. Bailey Sanatorium. The mental department has grown so much that it was deemed advisable to add to it a building of thirty rooms. The old and the new buildings will be connected by a spacious sun parlor.



#### Kansas

The graduating exercises of the Arkansas City Hospital School for Trained Nurses were held in the high-school auditorium on the evening of October 27. For the occasion Chancellor Bradford, of the Methodist College of Oklahoma, located at Guthrie, made the address to the class. He delivered an interesting and eloquent lecture on the subject, "Have Dominion." This was followed by a musical programme and the presentation of diplomas by Dr. R. Claude Young. The class of 1911 is composed of three members; they are Miss Alla Curry, of Arkansas City; Mrs.

G. M. Covert, of Arkansas City, and Miss Mary Helen Farmer, of Raymond, Kansas. Miss Sadie Hill is superintendent.

In the five years that this hospital has been in existence it has each year graduated a class from its school for trained nurses. The Arkansas City Hospital was the first one started in this city, and was opened by Drs. R. Claude Young and R. Heslope Payne.

The city has a population of ten thousand, and the hospital is one of its fast-growing institutions.



#### North Dakota

The Grand Forks County Graduate Nurses' Association held its annual meeting October 10 at the Young Women's Christian Association. The reports of the year were most encouraging and showed progress. Membership increased from nineteen to thirty-three, with further applications pending. Meetings have been held regularly and were well attended. The review of the educational section of the organization offered the following papers:

"Opportunities of an Organization," "Work of the Visiting Nurse," "Work of the Young Women's Christian Association," "Alms House Nursing in North Dakota," "The Isabel Hampton Robb Educational Fund," "Report of the May Conventions," and the "Life of Florence Nightingale" by one of the students of the preparatory course for nurses.

The registry at the Nurses' Club is flourishing since its existence of seven months. Through the efforts of the association the Cass County organization sprang into existence, with headquarters at Fargo. State Association has been discussed freely. Committees from both county associations are to be formed in the near future to work together in this direction. The president emphasized again the object and origin of the Isabel Hampton Robb Educational Fund. At the close of the meeting pledges were taken, to which all present responded cheerfully.

The officers elected for the coming year are as follows: President, Bertha Erdmann, R.N.; vice-president, Edla Unger; secretary, Emma Long, R.N.; treasurer, Mae McCulloch.



#### Indiana

The Indiana State Nurses Association held its ninth annual convention in Indianapolis October 10 and 11. Among the speakers were Governor Thomas R. Marshall, Dr. G. L. Freeland and Miss Sophia Palmer. Very interesting papers were presented on "Anti-Typhoid Serum," "Dis-



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although dependent upon and secondary to a constitutional infection, should never be entirely ignored. Fresh air, rest and forced feeding are distinctly supplemented by

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the one efficient preparation of iron that acts as a genuine blood constructor, without, in the least, disturbing the digestive functions.

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SAMPLES AND LITERATURE ON APPLICATION 73

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Our Bacteriological Wall Chart or our Differential Diagnostic Chart will be sent to any Physician upon application.

## **A Drink in Fevers.**

A teaspoon of **Horsford's Acid Phosphate** added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

### **Horsford's Acid Phosphate**

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

strict Nursing," "Infant Welfare" and "Eugenics." The election of officers was as follows: President, Dr. Maude McConnell; vice-presidents, Frances M. Ott and Edith Baynes; secretary, Elizabeth Henderson; treasurer, Mrs. M. S. Elliott.



### California

Mrs. Emilyn P. MacArthur has returned from Montreal, where she has completed a five months' course with the Royal Victorian Order of Nurses.

She will resume work in Los Angeles with her sister, Miss C. L. Patterson. Both sisters are Spanish-American War nurses and served several years in the United States Army, both at home and abroad.



### Canada

The Galt Hospital, Lethbridge, Alberta, employs graduate nurses for general ward duty at a salary of \$40 per month. This includes room, board and a reasonable amount of plain laundry. The nurses reside in the Home, which is situated on the hospital grounds. This Home is very attractive and modern in its equipment.

The hospital refunds each nurse's transportation at the end of six months if work proves satisfactory and the nurse agrees to remain another six months.

The hours for duty are from seven to seven. Day nurses have two hours off daily and one afternoon weekly. Each nurse takes her turn on night duty and is on for one month at a time. From one-third to one-fourth of time is spent on night duty.

The hospital capacity is seventy beds. The work is general medical and surgical nursing, there being no obstetrical nor contagious departments.



### Marriages

On October 17 at Plains, Pa., Miss Catherine Loftus, a graduate of Mercy Hospital, Wilkes-Barre, Pa., to Mr. Delos Drake, left fielder of the Detroit American League baseball team.

On September 30, at Chester, Pa., Miss Blanch Kauffman, a graduate of the Chester Hospital Training School, to Mr. William Arnoly, manager of the Armour Beef Company's Chester office.

On October 10, at Malden, Mass., Miss Emma Elizabeth Lane, a graduate of the Malden Hospital Training School, to Dr. Walter W. Kingsbury, former house surgeon of Malden Hospital.

On October 10, at Philadelphia, Pa., Miss Cora McK. Harbold to Brig.-Gen. Ralph W. Hoyt, U. S. A.

On September 25, at Fredericton, Can., Miss Lucy Beatrice Hammond, a graduate of the Montreal General Hospital Training School, to Mr. James L. Rintoul. Mr. and Mrs. Rintoul will reside in Brooklyn, N. Y.

On October 25, at Reading, Pa., Miss Emma R. Scholl, a graduate of Reading Hospital Training School, to Mr. E. G. Reist, of Baltimore, Md.

On October 25, at Newtown, Conn., Miss Katherine A. Campbell, class 1904, Connecticut Training School for Nurses, to Mr. Harvey F. Walker. Mr. and Mrs. Walker will live in New Haven, Conn.

On October 25, at St. Martin's Church, Somersworth, N. H., Miss Eulalie Jeannette Lamb, graduate of Hilcrest Surgical Hospital, Pittsfield, Mass., to Mr. George Houle. Mr. and Mrs. Houle will be at home after December 1 at School Street, Littleton, N. H.

On October 30, at Greensburg, Pa., Miss Jessie G. Steel, class of 1908, Presbyterian Hospital, Pittsburgh, Pa., to Dr. Robert Hipsley, of West View, Pa.



### Births

On September 20, to Dr. and Mrs. Trainor a son, Francis West Trainor. Mrs. Trainor was Miss Alice Corwin, graduate of St. Barnabas Hospital Training school, Newark, N. J., class of 1906.

In July, 1911, to Mr. and Mrs. Easton, a son. Mrs. Easton was Miss Elizabeth Aschenbach, a graduate of St. Barnabas Hospital Training School, Newark, N. J., class of 1903.

On August 16, to Mr. and Mrs. Harry Jones, of Kewanee, Ill., a daughter. Mrs. Jones was formerly Miss Evans, head nurse at Dr. Benjamin F. Bailey's Sanatorium, Lincoln, Neb.



### Obituary

Mrs. Michael Belanger (nee Julia A. Gerry) died at her home at North Adams, Mass., October 9, 1911. Her death was caused by meningitis, following a severe attack of pleurisy. Mrs. Belanger was a graduate of the North Adams Hospital Training School, class of 1896, and after graduation practised private nursing in North Adams till the time of her marriage. She was beloved by all who knew her and by her death they experience the loss of a close and valued friend.

## **"When the Heart is Weak"**

the whole body usually suffers; every function is depressed, every tissue shows the lack of adequate nourishment. Effective treatment, therefore, should aim to accomplish not merely cardiac stimulation, but a great deal more. This is why

## **Grays' Glycerine Tonic Comp.**

has proven so valuable in all diseases of the heart. Used in appropriate dosage it not only supports and reinforces the heart's action, but in addition so improves the appetite, promotes digestion, aids assimilation and increases functional activity that the whole bodily nutrition is markedly elevated and the general health correspondingly benefited. ¶ Gray's Glycerine Tonic Comp. has, therefore, a wide range of usefulness in the treatment of cardiac affections, and while not a specific nor a cure-all, it exerts a tonic reconstructive action that not only reinforces the heart, but lightens its burden.

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# **Antithermoline**



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5 oz. Glass Jars \$ .25	1 1/4 lb. Glass Jars \$1.00
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# New Remedies and Appliances

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## What Yogurt Does

Besides its value as a remedy for intestinal autointoxication without other complications Yogurt is useful in the following cases:

**TUBERCULOSIS**—A direct connection between consumption and intestinal autointoxication produces diseased kidneys and liver. Yogurt combats the diseased conditions of these organs.

**DIABETES**—Diabetes is the result of a long-continued absorption of poisons from the intestines in abnormal quantities, which damages the liver and other organs which regulate the amount of sugar utilized in the body functions. Yogurt, by combating these poisons, reduces the likelihood of diabetes, and where established assists in its relief.

**NEURASTHENIA**—Disordered digestive organs are the most conspicuous feature of neurasthenia. Yogurt is especially adapted to restoring these organs to normal functioning, and hence is a natural remedy in this condition.



## Infantile Paralysis Transmission

Under the above headlines the New York *Sun* publishes an interesting account of a paper read by Dr. Marcus Neustaedter before the neurological division of the Academy of Medicine, in which he explains a series of experiments conducted in conjunction with Dr. William Thro, of the Cornell Medical College, for the purpose of determining the manner of the spread of infantile paralysis.

As a basis for his experiments, which were made on six monkeys, Dr. Neustaedter adopted the hypothesis that infantile paralysis, like so many other dangerous affections, is a dust disease, contracted by children coming in contact with or breathing in the dust of any room infected with paralytic germs. During March Dr. Neustaedter and Dr. Thro collected the sweepings from rooms in which there were nineteen cases of infantile paralysis of from three to six months' standing. These collections of dust were taken from the walls, floors and wooden trimmings of the different rooms, and were then dried, sifted, macerated and dissolved in a normal salt solution. The resulting solution was in-

jected into the brains of six monkeys reserved for the experiment. Five of the monkeys showed prominent symptoms of paresis, in some cases paralysis being complete.

In the light of recent scientific research the dangers of dust as an ever-ready vehicle for the spreading of disease germs are attracting more and more attention among medical men everywhere. In this connection the value of Standard Floor Dressing as a dust preventive is receiving wide recognition. Standard Floor Dressing is a mineral preparation, manufactured by the Standard Oil Company, and is notably effective in catching all dust the instant it settles on the floor and holding it there until it is swept away. Full particulars as to the use, etc., of Standard Floor Dressing can be obtained on application to any agency of the Standard Oil Company.



## Nemo Corsets for Nurses

If any woman needs a strong but flexible corset it is the nurse—flexibility to allow freedom of movement, strength to withstand the strain of heavy lifting, and with these features must be *good style*, of course.

That explains why so many of the profession are wearing Nemo Corsets. Always noted for its strength and durability, the Nemo is now known for its superb comfort and good style. Extreme flexibility is secured by the use of the new Nemo elastic fabric, "Lastikops Webbing," which not only insures the utmost ease in even the long corsets of the present mode, but is of vital importance in producing slender figure effects. This is the only elastic fabric in existence that will not lose any of its original elasticity.

The fame of the Nemo was based originally on the "Self-Reducing" corsets for stout women, but the newer models for slender figures are now becoming equally well known and popular.

The Nemo is the only American corset ever sold in Paris, but its remarkable superiority in style, comfort and durability has conquered Parisian prejudice, and the Nemo is now an established favorite in "fashion's capital by the Seine."

It is well worth while to know all about Nemo Corsets.



## Good Nurses and Careful Mothers

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because it is freely recommended above all others by physicians everywhere. MENNEN'S is the safest and purest of Toilet Powders. It not only **smooths** the skin but **soothes** the skin, not only **hides** roughness and rawness but **heals** them.

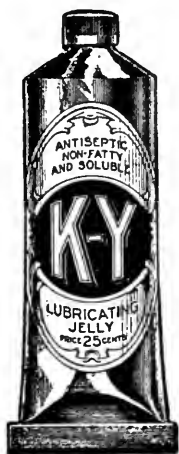


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**Mennen's Borated Talcum Toilet Powder** is as necessary for Mother's baby as for Baby's mother

It contains no starch, rice powder or other irritants found in ordinary toilet powders. Dealers make a larger profit by selling substitutes. Insist on Mennen's. Sample Box for 4c. in stamps

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Invaluable for sore hands, giving prompt relief from chaps, cracks and the irritation due to use of antiseptic solutions.

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### Hospital Signal Systems

Every hospital executive should send to the Holtzer-Cabot Electric Company, of Brookline, Mass., for a copy of their hospital signal bulletin, which is just off the press. The book is very complete, finely illustrated and gives considerable valuable information in reference to specifications for systems covering different requirements.

Many varieties of hospital signal systems for nurses and doctors are described. Durability, simplicity and efficiency of service have been aimed at in every case, and a study of the pages will repay directors of institutions who are interested in devices for securing prompt attention to sudden needs.



### Robinson's Patent Barley

How many nurses are familiar with the advantage of "Robinson's Patent Barley"?

With this preparation it is possible to make barley water, barley gruel and barley jelly in a very few minutes, while with other forms of barley it takes several hours to properly cook the barley.

Send to James P. Smith & Co., 90 Hudson Street, for the book they send free, giving full directions how to prepare many dishes with Robinson's Patent Barley.



### Child Welfare

Every nurse should be interested in this subject. The city, town and country nurses all find varying circumstances which their training and ingenuity have to meet, independent of medical supervision.

One welfare need is common to all children everywhere—adequate and assimilable food. Usually, when a nurse's services come into play, something besides regular diet is required to get the digestive tract in working order, and at the same time thoroughly nourish the hungry tissues. This combination of needs is perfectly met by Scott's Emulsion, and this absolutely pure food remedy is no tax on the weakest infantile stomach.

Scott & Bowne will be glad to tell any nurse anything about Scott's Emulsion she may not know or doesn't care to ask her busy doctors. Remember it is 50 per cent. finest Norwegian oil and contains no alcohol or opiates. Generally speaking, in all chest or digestive diseases, or when massage of the body with oil is indicated, Scott's Emulsion is the internal remedy above all others.

### Winter Course

The winter course at the School of Medical Gymnastics and Massage begins January 1, 1912. Several physicians will give lectures on anatomy, physiology, hygiene and first aid to the injured. The clinics at different New York hospitals offer ample opportunity for practical experience on patients. The school takes care of the graduates through a registry. The students have also the advantage of a course in physical culture.

For further information apply to Registrar's office, School of Medical Gymnastics and Massage, 61 East 86th Street, New York City.



### Battle & Company

Battle & Co., of St. Louis, have just issued No. 17 of their series of charts on dislocations. This series forms a most valuable and interesting addition to any physician's library. They will be sent free of charge on application, and back numbers will also be supplied. If you have missed any of these numbers better write Battle & Co. for them before the supply is exhausted.



### Abdominal Support in Pregnancy

The wisdom of supporting the abdomen during the late stages of pregnancy and occasionally from the very beginning is becoming more generally recognized. The advantages have been conclusively demonstrated, not alone by assuring greater comfort but quite as substantially by the prevention of many of the disagreeable and more or less serious complications of pregnancy traceable to abdominal sagging. The large amount of thought that has been given to the proposition is shown by the development of special forms of support. Unquestionably any measure or appliance approaching closest to everyday customs and requiring the least possible change in a patient's usual manner of dress deserves special consideration. To the painstaking medical man the Storm Binder is bound to present a special appeal. Careful scientific study of the anatomical requirements are reflected in this splendid maternity supporter, and the physician is bound to commend the effective support afforded without forcing a woman to wear an unnatural and unpleasant apparatus.

The Storm Abdominal Binder solves a most important problem, and the benefits obtained from its use show how perfectly adapted it is to the necessarily exacting needs of the pregnant female. The comfort that attends its use is a feature second only to the complete support it constantly gives.—*American Medicine*.

## Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases

The PHILADELPHIA ORTHOPAEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES, in which instruction in massage, corrective and re-educational gymnastics has been given for fifteen years, now proposes to extend and enlarge the scope of this teaching, and offers a course in these subjects which, it is believed, with the great variety and quantity of material for observation and practice at the disposal of the hospital, cannot be equaled in this country.

During the year 1910 the number of treatments given in the out-patient department by pupils in the massage and medical-exercise course exceeded ten thousand. Besides this advanced pupils have opportunities of giving general and special massage to patients in the hospital under supervision of the instructors in the course.

The subjects covered by the course will include instruction in the treatment by massage of general diseases of nutrition, neurasthenia, hysteria, chorea, etc., and by massage and exercise in cerebral and spinal paralysis, infantile palsy, traumatic injuries of the spinal cord, dislocations, joint adhesions, disabilities following fractures, burns, scars, etc.; spinal curvature and other postural deformities, flat foot, club foot, contractures and the handling of locomotor ataxia by precision and coordination exercises.

The instruction will occupy about seven months, beginning in October, 1910. Lectures will be given by Dr. J. K. Mitchell, Dr. Wm. J. Taylor, Dr. G. G. Davis, Dr. Frank D. Dickson and Dr. Wm. J. Drayton, Jr., while the practical teaching occupies from three to four hours daily.

Examinations both practical and theoretical are required at the end of the course.

Those desirous of entering the class, which will be limited in number, should apply to the superintendent of the hospital, who will send a circular with details of the requirements for admission. The fee for this course is \$100.

A shorter course of instruction in the therapeutic uses of Electricity, suitable for pupils, may be taken with the mechanotherapy or separately.

This course lasts four months, and the fee is \$25.

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### **Stereo Bouillon Cubes**

The fact that physicians have endorsed Stereo Bouillon Cubes by letter is certainly a feather in the cap of the American Kitchen Products Co., of New York, the makers of this product. These letters show that physicians are using Stereo Bouillon Cubes in their own homes and are prescribing them for their patients, especially for those who have difficulty in assimilating food. The flavor of Stereo Bouillon is so appetizing and the quality so excellent that the convalescent enjoy it. Other letters to the manufacturers also tell of the wide use of Stereo Bouillon Cubes among nurses, who find the quickness and ease with which delicious bouillon can be prepared to be of the greatest convenience in their work. Many have written that they always carry a box of Stereo Cubes in their satchels for their own use and to give to their patients.

Stereo Bouillon Cubes are distributed by Schieffelin & Co., the widely known New York drug house. Free samples may be obtained by addressing this company.



### **Conjunctivitis**

Conjunctivitis, one of the commonest eye diseases, yields very nicely to Glyco-Thymoline treatment. It will also be found most advantageous in cases of corneal ulcer, lachrymal abscess and occlusion, granular lids, sty, pink eye, ophthalmia and general catarrhal inflammations. As a prophylactic measure in cases of measles and other infectious diseases it has exceptional merit. Glyco-Thymoline for the eye should be used in a strength of one part of Glyco-Thymoline to from three to six parts of warm water, and applied by means of a Glyco-Thymoline eye bath or soft cotton compress.



### **Pabst Extract Plant**

If every physician in this country could visit the plant of the Pabst Extract Company at Milwaukee, and see with what painstaking care the "Best" Tonic is made, he would take pleasure in prescribing Pabst Extract whenever possible.

The plant covers several city blocks, the buildings ranging from four to six stories high. From top to bottom of every building the uttermost cleanliness is maintained, thus guarding the purity and quality of the "Best" Tonic. The great machinery is kept as spotlessly bright as any surgeon's instruments, and throughout the plant everything is as sanitary as a modern hospital.

The laboratory where every run of extract is tested is a model of completeness. Any physi-

cian visiting Milwaukee will be welcomed at the Pabst plant and gladly shown every process of making the "Best" Tonic. A visit would undoubtedly prove most interesting to any physician.



### **Pre-Tubercular Gastritis**

Tuberculosis is often ushered in by pre-tuberculosis dyspepsia, which appears before any signs of disease in the lungs can be made out. In other cases tuberculous affection occurs in the patient who has long been subject to disease of the stomach, who has, so to speak, prepared the soil for implantation of the tubercle bacillus. The usual lesion of incipient phthisis is hyperchlorhydria, which usually passes with the progress of the disease through a stage of normal gastric secretion to hypochlorhydria and eventually of chronic gastritis. The prognosis of the lung disease is considerably influenced by the affection of the stomach, which tends at all stages to favor the growth of the tubercle bacilli. In treatment the effect of the irritating medicines which are almost invariably given, such as arsenic, creosotum, etc., should be borne in mind, and these remedies, as well as tonics so frequently given, should be avoided in the first stage, while at the later stage these medicines may be of some benefit. At this stage Bovinine is most useful, not only for the improvement of the general nutrition but as a tonic stimulant and sedative to the hyperesthetic stomach. The nutrition should above all things be maintained, and Bovinine seems to accomplish this. In the later stages, also, there is no question that Bovinine is especially indicated as a food and tonic.



### **A Valuable Tonic in Childhood**

It is a fact that cannot fail to interest the practitioner that one of the most useful and valuable remedies in childhood is Gray's Glycerine Tonic Comp. The reason for this is quickly found in its palatability, freedom from contra-indications and pronounced efficacy in the diseases common to childhood. Even the littlest children will take Gray's Glycerine Tonic Comp. without objection, and no matter how run down and debilitated a child may be this eligible remedy can be freely administered with no other than the most beneficial effect on the stomach and other digestive organs.

While broadly indicated in all forms of malnutrition and inanition, it is in convalescence from measles, scarlet fever, pneumonia, acute bronchitis and other affections that it accomplishes



# Nurses Need Corsets

## THAT WILL *STAND THE STRAIN*

THE STRONGEST, BEST MADE,  
MOST DURABLE AND MOST  
COMFORTABLE ARE THE

*Nemo*  
TRIPLE STRIP

### Self-Reducing Corsets

FOR STOUT FIGURES

### Lastikops Corsets

FOR SLENDER AND MEDIUM

Every Nemo Corset is a patented specialty which does something for you that no other corset can do.

Every Nemo Corset represents at least twice as much value, in material and making, as any other corsets sold at the same prices.

### Lastikops Webbing

—a recent Nemo invention, is the only elastic fabric in existence that does not lose its elasticity—outwears the corset. Its use—in *Nemos only*—has brought corset-comfort heretofore impossible.

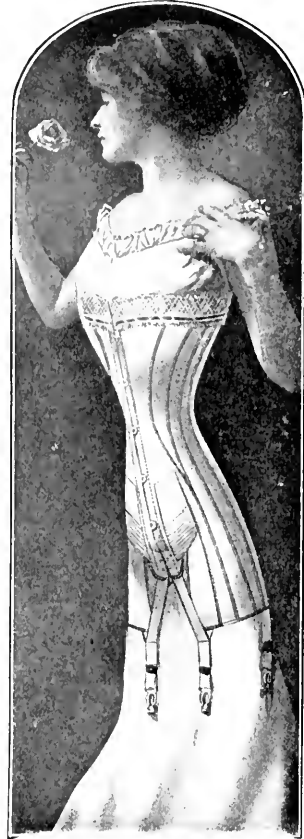
There's a Nemo for every figure.

#### For Stout Figures

Self-Reducing, with Lastikops Band-  
let: No. 522 (medium bust), and  
No. 523 (low bust).....\$5.00

Self-Reducing, with Lastikops Hip-  
Confining Bands, very modish:  
No. 319 (low bust), No. 321  
(medium bust).....\$3.00

Self-Reducing, with Lastikops-Lim-  
b-shaping Extensions: No. 406  
(low bust), No. 408 (medium  
bust).....\$4.00



Lastikops Corset No. 332—\$3.00  
(In Extreme West—\$3 50)

For slender and medium figures. The bands of Lastikops Webbing across the front banish all dangers of tight lacing and heavy lifting. In four models:

No. 330—medium bust.....	} \$3
No. 331—very low bust.....	
No. 332—very high bust.....	
No. 333—low girdle top.....	

All have modish long skirt. Sizes from 18 upward. No. 333, with girdle top, is especially adapted to nurses' use and for athletics.

In Good Stores Everywhere. Illustrated Catalogue on Request. KOPS BROS., Mfrs., N. Y.

its most conspicuous benefits. Gray's Glycerine Tonic Comp. restores the appetite, stimulates digestion, promotes assimilation and quickly places the patient on the highway of health and bodily vigor. Finally, one of the great advantages of this exceedingly useful remedy is that it can always be relied upon to do all that cod-liver oil can, with none of its objectionable or disagreeable features.



### **The After Care of La Grippe**

Among all the infectious diseases to which human flesh is heir there seems to be none which so literally "takes the life out of one" as epidemic influenza, popularly known as la grippe. Even though the acute febrile period of the disease may be comparatively short, from one to three or four days, the after results may persist for many weeks. The respiratory catarrhs that so frequently complicate and follow the grip hang on with a tight hold, in spite of all treatment directed to the respiratory tract, and the prostration which succeeds the acute infection is usually out of all proportion to the duration of the attack. Much, however, may be accomplished by careful attention to nutrition, etc., supplemented by the use of an easily tolerable, readily assimilable tonic and reconstructive such as Pepto-Mangan(Gude). This well-known and dependable blood builder certainly aids materially to hasten convalescence by stimulating the appetite, creating new red cells and hemoglobin and acting as a general re-constituent.



### **Maillard's Cocoa**

While the strengthening properties of cocoa are recognized by medical men and trained nurses in general, it is well known that the different makes vary widely in nutritive quality, digestibility and degrees of purity. After being manufactured and used in every country in the world for over sixty years, Maillard's Breakfast Cocoa has proved its claim of superiority and peculiar desirability as a food drink for invalids and convalescents.



### **The Baker Adjustable Back Rest**

This is the only back rest that has equal supporting strength at all angles. The frame is very substantially made of tubing and round edge polished steel, is durably finished throughout in snow-white enamel. The stout canvas cover is laced to the frame and thereby is easily detached or replaced; thus the canvas may be washed, making this back rest thoroughly aseptic. The manner of lacing provides for taking care of any shrinkage or stretch that may occur in the can-

vas. The size of the canvas, exclusive of the apron, is 25 inches wide and 30 inches high. This back rest does not attach to the bed, but is simply placed upon it behind the patient. See advertisement in this issue.



### **Cold Cream**

What do you know about Daggett & Ramsdell's Cold Cream? It is perfectly fine and so agreeable to use that every nurse using it once will have no other if she can possibly secure Daggett & Ramsdell's. Send for free trial tube today. See advertisement for their address.



### **The Nonpareil Bag**

Every nurse needs a compact bag, completely equipped with all the appliances necessary for an emergency case. Harvey R. Pierce Company, 1629 Chestnut Street, Philadelphia, Pa., have one of the most satisfactory bags of this kind on the market. See their advertisement in this issue. Send for their catalogue. They especially desire trained nurses to give them an opportunity to prove the quality of their goods.



### **Nurses' Uniforms**

Have you tried ordering your uniforms from Strawbridge & Clothier, Philadelphia. They have established a reputation for superiority of goods at unusually low prices. Many hospitals and institutions buy their complete nurses' outfit from this house and endorse the goods in highest terms. See their advertisement in this issue for prices.



### **A Tonic**

The most important time to take a tonic is during convalescence following any disease that causes exhaustion, such as pneumonia, la grippe, influenza or the weakness following fevers, and no remedy is so effective as Horsford's Acid Phosphate. It is acceptable to the most delicate stomach, insures normal digestion, rapidly increases the strength. It is, therefore, the tonic par excellence in all weakened conditions following exhaustive diseases.



### **Horlick's Malted Milk Custard**

Yolks of two eggs, Horlick's Malted Milk two tablespoonfuls, water one cupful, salt and pepper to flavor. Dissolve the Horlick's Malted Milk in the water with stirring, and to this add the yolks of two eggs. Butter a large cup or jam pot, pour the mixture into it and let it stand in a pan of boiling water until the custard is set.

## GASTRIC DEBILITY

MOST FORMS OF DYSPEPSIA ARE TRACEABLE TO  
FATIGUE AND WEAKNESS OF THE STOMACH MUSCLES.  
THIS IS WHY

### Gray's Glycerine Tonic Comp.

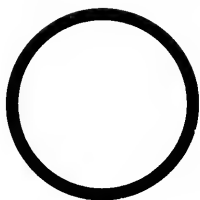
ACCOMPLISHES SO MUCH IN THIS CLASS OF CASES,  
FOR IT PROMPTLY INCREASES THE ACTIVITY  
OF THE GASTRO-INTESTINAL MUSCLES, AND THEREBY  
NOT ONLY RESTORES DIGESTIVE FUNCTIONS,  
BUT REMOVES DISTRESSING SYMPTOMS.

TWO TO FOUR TEASPOONFULS IN WATER AFTER MEALS AUGMENTS  
THE DIGESTIVE CAPACITY TO A MARKED DEGREE.

THE PURDUE FREDERICK CO.

298 BROADWAY, NEW YORK.

"the basic value of a remedy is the result which it produces.



Laboratory demonstrations may prove the  
purity, or the component parts of a product, but  
by therapeutic application and clinical observation  
must its true value as a remedy be determined.

Upon the basis of clinical manifestation of dependable uni-  
formity, the value of antiphlogistine has been established and  
most generously acknowledged by its extensive employment.

In inflammatory and congestive conditions, antiphlogistine  
has proven of particular service and as a seasonable suggestion,  
its application thick and hot, well protected by suitable covering,  
to sprains, strained or stiffened tendons so prevalent during vaca-  
tion time, will afford the patient relief from pain and an early  
use of the part."

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# New Remedies and Appliances

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## The De Pree Fumigator

We desire to call attention to some of the advantages of the De Pree Fumigator:

This fumigator is especially adapted to hospital work, inasmuch as it is an absolutely efficient method of disinfection, and does away with the disadvantages and inconvenience of the potassium permanganate liquid, formaldehyde method, the old sheet method, generator method, etc. The other methods are more or less cumbersome, and some of them leave a precipitate in the room which must afterwards be swept up. With the De Pree Fumigator these things are eliminated, and the fumigator is so simple that anyone can handle it. The method is extremely convenient, and takes very little of the nurse's time in the disinfection of wards, operating-rooms, etc. It is in use by practically all of the health boards of the country, and by a very large majority of the hospitals.

The opinions of leading authorities differ as to the standard of disinfection, and, therefore, as to the quantity of any given product that should be used. For this reason this fumigator is put up in three sizes.

The small size, No.  $\frac{1}{2}$ , contains slightly over one-half ounce of De Pree's Formaldehyde, and is recommended for rooms containing not over 500 cubic feet of space, such as small rooms, closets and bath-rooms.

The medium size, No. 1, contains slightly over one ounce of De Pree's Formaldehyde, and is recommended for all rooms containing not over 1,000 cubic feet of space.

The large size, No. 2, contains slightly over one and one-half ounces, and is recommended for all rooms not to exceed 1,500 cubic feet of space. This will include most ordinary size living-rooms.



## The Physician's Own Reviver

At the best of times it is not always easy for the doctor in active practice to keep his energies at their highest point, so constant is the tax upon his sympathy and through it upon his vitality. When cycles of an epidemic like typhoid or influenza seize upon his community he is a strong man as well as a devoted physician who bears up ably

under the severe stress of visiting hours, which all too often extend practically from one midnight to the next one.

It is in such emergencies especially, as well as at all times normally that the medical man often finds out for himself the real value of Pabst Extract, the "Best" Tonic. So very many doctors have relied upon it with confidence as a potent aid to their patient's convalescence that it does not surprise them to discover in its regular use exactly the strengthening, sedative and nourishing virtues which long ago justly endowed this excellent product with the title of "The Best Tonic." More and more are physicians themselves using it as part of their own daily quota of diet, and, in such use, they justify the faith they have been used to place in Pabst Extract when they prescribed it for others.



## A Practical Method of Diffusing Formaldehyde Gas for Use as a Deodorant in a Sick Room

Formaldehyde gas has long been recognized as one of the most powerful germicides and deodorants, but its use has been limited on account of its objectionable odor and the irritating influence of the formaldehyde gas on the mucous membrane of the nose and throat. It has been found after careful experiments that by combining eucalyptus with formaldehyde that the objectionable features of the formaldehyde are overcome without destroying its deodorizing properties.

The Formacone Company, Newark, N. J., have invented a portable porous receptacle in the shape of a pine cone for diffusing small quantities of formaldehyde and eucalyptus. By this diffusion all odors are destroyed at once by the chemical combination of formaldehyde gas, and not by substituting one odor for another as many deodorants do.

Nurses and physicians have approved the Formacone, and it has met with success in hospitals throughout the country.

The Formacone Company will forward, express charges prepaid, one of the \$1.00 size Formacone free of charge to any registered nurse on request.



## Good Nurses and Careful Mothers

are particular about using no other but

### MENNEN'S BORATED TALCUM TOILET POWDER

because it is freely recommended above all others by physicians everywhere. MENNEN'S is the safest and purest of Toilet Powders. It not only **smooths** the skin but **soothes** the skin, not only **hides** roughness and rawness but **heals** them.



TRADE MARK

**Mennen's Borated Talcum Toilet Powder** is as necessary for Mother's baby as for Baby's mother

It contains no starch, rice powder or other irritants found in ordinary toilet powders. Dealers make a larger profit by selling substitutes. Insist on Mennen's. Sample Box for 4c. in stamps

The Gerhard Mennen Company, Newark, N. J.



## Scarlet Fever, Measles

and the exanthemata in general are attended by skin conditions which rarely fail to call for special attention, and nothing thus far employed has given such perfect and uniform satisfaction as

### K-Y Lubricating Jelly

"THE PERFECT LUBRICANT"

So marked is the relief obtained from the usual itching and irritation, that many physicians are making it a routine practice to anoint the bodies of their measles and scarlet fever patients with "K-Y" from head to foot. Non-greasy, water-soluble and delightfully clean, "K-Y" never stains, soils or discolors bed linen or clothing. Thus, it can be used as freely as desired, with the gratifying certainty that it will not only satisfactorily allay skin irritation, but will also, in a most agreeable and cleanly way, effectively prevent dissemination of infectious material.

To use it once in these affections, is to use it routinely thereafter, for it serves the purpose in a manner distinctively its own.

**VAN HORN & SAWTELL**

NEW YORK, U. S. A. AND LONDON, ENGLAND  
307 Madison Avenue AND 31-33 High Holborn

## Robinson's Patent Barley

Recommended by the leading specialists and physicians.

When an artificial Food for Infants is necessary Cows' milk with barley wa'er prepared from **ROBINSON'S PATENT BARLEY** is the most effective food known and easily prepared.

Sold in 1-lb. and ½-lb. tins

An illustrated booklet giving all information about feeding and treatment of infants free on application to

**JAMES P. SMITH & COMPANY**

90-92-94 Hudson St.  
NEW YORK

57 & 59 S. Water St.  
CHICAGO

### Sense and Science in Feeding

Sir James Brown, in a recent article, contended that it was of the utmost importance that good flavor and good aroma should prevail, for nice food is more easily assimilated than that which is flavorless. One of the most ideal invalid foods, from not only the scientific but gastronomic aspect, is Benger's, because it is easily assimilated, is acceptable to the patient, will not produce toxemia, is purin free, and can be adapted to suit the most weakened gastric condition. It supplies the necessary amount of carbohydrate, fat and protein that is needed to maintain the body in a state of nutritive equilibrium.

Benger's Food is specially prepared to build up the weakened digestive system, and to promote a high state of nutrition while doing so; it is not a predigested food, nor does it contain dried milk. It is made with fresh milk, and forms a dainty delicious cream, with a delicate flavor.

Benger's Food enjoys the confidence and support of leading medical authorities, and has been employed with success in the dietary treatment of marasmus, inanition, typhoid fever, gastritis, gastric ulcer, dysentery, post-operative and convalescence from acute illnesses, etc.



### How to Modify Cow's Milk

Fresh cow's milk, properly modified, is recognized as the most satisfactory of all infant and invalid foods, constituting, as it does, a "complete food," one that not only promotes constructive development of the infant body, but also meets the food requirements of adults, sustaining life for months. It ranks among the most important of all foods. A pint of milk is said to represent, approximately, the nutrition contained in six ounces of beef or mutton.

The proper modification of cow's milk is a subject about which there has been considerable diversity of opinion, but it is now generally recognized that the great essentials are increased digestibility and a properly balanced food; that is, the modified milk should be more digestible than unmodified milk, and it should contain the right food elements in the right proportions to promptly repair cellular waste and make strong and healthy tissues.

Cereal modification consists in the addition to milk of a cereal decoction, such as Eskay's Food. By such a method the indigestible proteid of cow's milk (casein) is made an easily digested protein. The proteins of milk are casein (which is difficult to digest) and albumin (which is easy to digest). In human milk the proportions

of casein and albumin are practically equal, but in cow's milk there is about five or six times as much casein as albumin. Hence, the greater difficulty of digesting the proteins of cow's milk than of human milk.



### An Important Fact

Varicose ulcers, or any chronic skin defect, can be promptly and permanently healed with Oxynoleum—the Oxygen Ointment. Every trained nurse has met with these stubborn sores and will be glad to learn of a remedy which physicians are using with such success. It stops pain at once, starts healthy granulation, and the new skin is normal. If you have a case, prove it at our expense. Send your address and we will send the Oxynoleum—but do it now.



### Sanatogen

Over fourteen thousand physicians have written to express their warm approval of Sanatogen, not only in chronic conditions like neurasthenia, but as an invaluable addition to the diet of the acutely sick. These physicians are representative of the profession in all parts of the civilized world. The reason Sanatogen commands such enthusiastic endorsement is that it combines 95 per cent. of almost pure protein with 5 per cent. of sodium glycono-phosphate, and is, therefore, not only a concentrated proteid food, but an unequaled tonic to the nervous system. Its effect even on the morale of the patient is striking. Full details of the use and value of Sanatogen in the sickroom are given in a booklet recently written especially for nurses, a copy of which will be sent free by the publishers, the Bauer Chemical Company, of New York, who will also forward a sample on receipt of professional card. Now that the invalid's diet is so frequently left to the nurse she should add the contents of this little work to her general knowledge of the subject. Sanatogen is retained and nourishes when all other articles of food are rejected, on account of its complete solubility, giving rise to no untoward activity of the stomach.



### Ergoapiol (Smith)

For irregular menstruation, amenorrhea, dysmenorrhea, etc., this product has worked a revolution in the treatment of this class of diseases. Despite the fact that it contains neither narcotics, opiates nor analgesics, it possesses remarkable properties for the relief of pain.

## Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases

The PHILADELPHIA ORTHOPAEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES, in which instruction in massage, corrective and re-educational gymnastics has been given for fifteen years, has extended and enlarged the scope of this teaching and offers a course in these subjects which, it is believed, with the great variety and quantity of material for observation and practice at the disposal of the hospital, cannot be equaled in this country.

During the year the number of treatments given in the out-patient department by pupils in the massage and medical-exercise course average over ten thousand. Besides this advanced pupils have opportunities of giving general and special massage to patients in the hospital under supervision of the instructors in the course.

The subjects covered by the course will include instruction in the treatment by massage of general diseases of nutrition, neurasthenia, hysteria, chorea, etc., and by massage and exercise in cerebral and spinal paralysis, infantile palsy, traumatic injuries of the spinal cord, dislocations, joint adhesions, disabilities following fractures, burns, scars, etc.; spinal curvature and other postural deformities, flat foot, club foot, contractures and the handling of locomotor ataxia by precision and coordination exercises.

Instruction both theoretical and practical is given daily for a period of seven months, beginning in October.

In addition lectures will be given by Dr. J. K. Mitchell, Dr. Wm. J. Taylor, Dr. G. G. Davis, Dr. Frank D. Dickson and Dr. Wm. J. Drayton, Jr.

Those desirous of entering the class, which will be limited in number, should apply to the superintendent of the hospital, who will send a circular with details of the requirements for admission. The fee for this course is \$100.

A course of instruction in the therapeutic uses of Electricity, suitable for pupils, may be taken with the mechanotherapy or separately. Lectures by Dr. H. P. Boyer.

This course lasts four months, and the fee is \$25.

Examinations both practical and theoretical are required at the end of both courses.

*Certificates Given*

**1701 Summer Street, Phila., Pa.**

**6 OZ.  
SPRINKLER  
TOP**



One of above special bottles of  
*Glyco-Thymoline* will be sent

**FREE**  
**Express Prepaid**

to any *Trained Nurse* on application.

We want you to know the value of *Glyco-Thymoline*. It stands on its merits.

Mention this magazine  
KRESS & OWEN COMPANY  
210 Fulton St., New York

### The Storm Binder and Abdominal Supporter

The problem of securing a proper and efficient abdominal support during pregnancy and after confinement, as well as after laparotomies, is an important one, and has in recent years been extended considerably, since the importance of relieving all varieties of enteroptosis by mechanical support has been realized. The treatment of enteroptosis, of floating kidney and even of cholelithiasis (according to Achilles Rose) by a well-fitting abdominal support has been successful in a large number of cases. It is, however, indispensable that the support should not only be properly adjusted and should hold the prolapsed viscera in place, but it must also be free from discomfort, it must be washable, durable in quality and moderate in price.

All these requirements are unusually well met in the Binder and Abdominal Supporter made in many varieties and for all conceivable purposes by Katherine L. Storm, M.D., 1612 Diamond Street, Philadelphia, Pa., who has made a remarkably successful study of the problem and has solved it to the complete satisfaction, not only of the physicians and surgeons ordering the "Storm Binders," but also of their patients, which, after all, is the important point. Better write to Dr. Storm, Doctor, and find out about her binders for that neurasthenic patient of yours whose abdominal walls are relaxed and permit the viscera to drag down.



### Plasmodial Anemia

In spite of the modern theory of the etiology of malaria and malarial affections (mosquito-borne infection) this plasmodial disease continues to be rife in certain sections of the country and bids fair to be, like the poor, "always with us."

Every physician of experience appreciates the principles which should guide him in the treatment of the various acute manifestations of paludal poisoning, i.e., the destruction of the plasmodial hosts which have invaded the blood and which, if not eliminated, consume and destroy the red cells, the vital element of the circulating fluid.

When this purpose has once been accomplished the patient is but partly cured; the damage done to the red corpuscles must be repaired and the vitality of the blood restored, if reinfection is to be avoided. If there is any one condition in which direct hematonic or blood-building therapy is positively indicated, it is in post-malarial anemia. As soon as the febrile period has passed iron in some form should be given in full dosage. Pepto-Mangan (Gude) constitutes the ideal

method of administering this essential blood-building agent in this as well as in any anemic condition. Both the iron and manganese in Pepto-Mangan are in organic combination with peptones and are, therefore, easily and promptly absorbed and assimilated without causing digestive derangement or producing constipation.



### A Dependable Anodyne

The uses of Papine are almost unlimited. In the main they are, however, diarrheal affections such as gastro-enteritis, cholera morbus and infantum dysentery; diseases of the nervous system attended with pain, such as neuralgia, neuritis, hysteria and locomotor ataxia; painful disorders of the utero-ovarian tract, as dysmenorrhea, uterine colic, ovarian neuralgia; and also other conditions attended with severe pain, such as biliary and renal colic and the chest pains of pleurisy, pneumonia and tuberculosis. Papine has also been strongly recommended in the treatment of diabetes. This product has the great advantage that it can be used without locking up the secretions or inducing a habit, as is the unfortunate case with other opium preparations.



### The Value of Junket

Physicians and nurses all know the value of Junket for the sick and convalescent and as a nutritious and healthful food for children. We understand the nutritive properties of Junket, how best to prepare it, the nature of the "Rennet Ferment," its action upon milk, etc., and we feel that our long study and many experiments with the "Rennet Ferment," covering nearly half a century, should enable us to impart some information that will be welcome to the medical profession, as well as to nurses and to those having charge of hospitals and sanitariums. Send for free sample and booklet to Chr. Hansen's Laboratory, Little Falls, New York.



### School of Medical Gymnastics and Massage

The alumni of above-mentioned school had its closing meeting for the season on May 11. About sixty attended. Three physicians addressed the audience. The enthusiasm was great. A committee was elected with the intention of forming a central society of graduates in medical gymnastics and massage in New York City. The director of the school will spend the summer abroad investigating the latest progress in European schools.



# THE NEW Lastikops Bandlet IN THIS Corset Gives Better Abdominal Support

*Than the Best Separate  
Abdominal Bandage That  
Can Be Bought at Any Price*

We have perfected this wonderful corset by devising a—

## New and Greatly Improved Elastic Lastikops Bandlet

—whereby even better abdominal support is secured than in our former models.

Last year, two hose supporters were attached to the Bandlet; and this, in some cases, had a tendency to pull the Bandlet away from the body.

This year, by using our new Double Self-Reducing Straps, this fault has been overcome; and slender steel springs in the Bandlet still further insure a close fit and persistent, perfect and comfortable abdominal support: Two models (sizes 20 to 36):

No. 523—with low bust } \$5  
No. 522—with medium bust }

These are perfect *style* corsets for a stout figure—long, modish skirt, wonderful figure-reducing power, with all the famous Nemo durability and hygienic features.

*Catalogue on request.*

KOPS BROS., Manufacturers, New York



**Nemo** NEW  
N° 523  
**LASTIKOPS** BANDLET  
SELF-REDUCING

For further information apply registrar's office, School of Medical Gymnastics and Massage, 61 East 86th Street, New York City.



#### No Necessity of Odor from Perspiration

We all realize that to be healthy one must perspire. But there is no longer any trouble about keeping free from the more or less offensive odor of perspiration.

A number of years ago a preparation called "Mum" was put on the market, which does its work so easily and effectively that there is hardly a well-known dealer of toilet goods in the United States who does not handle it.

It is a simple white cream, absolutely harmless and odorless, does not clog the pores, but simply neutralizes the odors.



#### The Therapeutic Action of Prunoids

Prunoids produce their excellent therapeutic results by stimulating secretions, increasing the fluid contents of the feces and only gently increasing peristalsis. They are extremely palatable, easily taken by even young children, and when brought in contact with the secretions rapidly disintegrate and produce their specific medicinal effect. Probably one of the most gratifying features of Prunoids is what, for lack of a better term, may be called their remote effect. While prompt and decided catharsis follows their administration in six or eight hours, a mild and salutary laxative influence is observed for several days after the final dose of Prunoids. Other cathartic measures act just the reverse, and after their use the bowels invariably show greater lethargy and sluggishness.



#### Summer Diarrhea in Infants

Summer diarrhea is almost invariably the result of improper feeding. The fact that infants fed on Nestlé's Food seldom suffer from diarrheal disorders is most significant.

It shows conclusively that this well balanced nutrient, derived from the purest of cow's milk and carefully selected cereals is not only digested and absorbed with no undue tax on the digestive organs, but that bacterial contamination is so avoided that fermentative and putrefactive changes are practically unknown.



#### "K. Y. Lubricating Jelly"

Nurses who suffer with sore hands, due to use of antiseptic solutions, chaps, cracks or any irritations use "K. Y. Lubricating Jelly." Send

postcard, with name and address, to Van Horn & Sawtell, 307 Madison Avenue, New York, and you will receive a liberal sample free for your test of its wonderful healing properties.



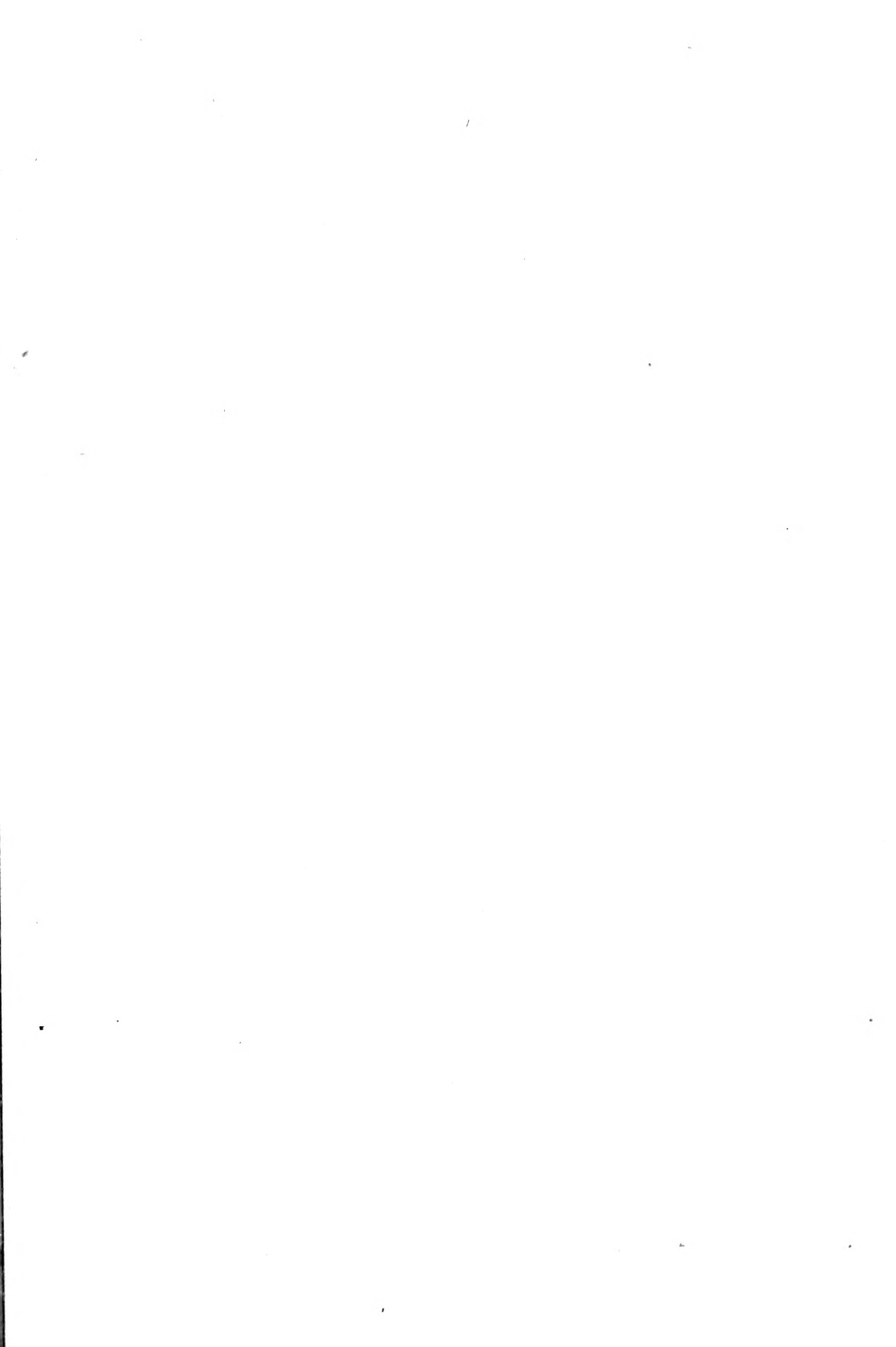
#### Neurotic Anorexia

While loss of appetite and nausea are usually symptoms of a host of diverse pathological conditions, they sometimes constitute a disease in themselves—a kind of neurosis. In these cases the physician will find Gray's Glycerine Tonic Compound of almost specific value for restoring the impaired appetite. It is not only agreeable to take but produces its benefits at once in such a natural way that before the patient realizes it the normal amount of food is being taken. Its efficacy in these neurotic cases makes Gray's Glycerine Tonic Comp. exceedingly useful in relieving the severe nausea that often occurs in early pregnancy.



#### Post-Graduate Work in Orthopaedics

It has been acknowledged for decades that there are certain diseased conditions in which the treatment with drugs fails completely. This is particularly the case in all deformities. For their correction mechanical means have been employed for a long time, yet in many cases with little success owing to the empiric ways of employing therapeutic measures. In the last ten years, however, a good deal of progress has been made along new and promising lines. The general public and parents in particular are awakening to the ravages due to inattention and neglect in children. By far the larger part of deformities, especially spinal curvature, is acquired and not congenital. Recognition of this fact and the knowledge that nearly all deformities can at least be benefited if not cured by adequate treatment has created a large demand for scientifically trained operators who are able to properly treat such conditions. The average training school for nurses has neither opportunity nor the material to take up this study. Therefore nurses desirous of preparing themselves for this work have to look elsewhere for special courses. The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, has for years made a specialty of this kind of work in its training courses in mechano-therapy. Large clinical material gives the student ample opportunity to study these conditions under the careful guidance of capable instructors. Nurses interested in these courses are advised to write to the superintendent of the above institution at 1711 Green Street, Philadelphia, Pa., for further particulars.









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The Trained nurse and  
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